

**United States Bankruptcy Court
Western District of Oklahoma**

In re RHA Anadarko, Inc.

Debtor(s)

Case No. 20-13482-SAH

Chapter 11

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:
Schedule E/F: Creditors Who Have Unsecured Claims

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

Date: December 10, 2020



Esther McKean

Attorney for Debtor(s)

Akerman LLP

420 S. Orange Ave.

Suite 1200

Orlando, FL 32801

407-419-8583 Fax: 407-843-6610

esther.mckean@akerman.com

**United States Bankruptcy Court
Western District of Oklahoma**

In re RHA Anadarko, Inc.

Debtor(s)

Case No. 20-13482-SAH

Chapter 11

**AMENDED
DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing Schedule E/F: Creditors Who Have Unsecured Claims, consisting of 55 page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date December 10, 2020

Signature


Charles M. Eldridge
President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Fill in this information to identify the case:

Debtor name RHA Anadarko, Inc.

United States Bankruptcy Court for the: Western District of Oklahoma
(State)

Case number (If known): 20-13482-SH

☐ Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*.....\$ 0**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$ 18,621,725**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$ 18,621,725**Part 2: Summary of Liabilities**

We were not provided with the information to complete this section. Our request #3 from our letter dated November 9, 2020

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$ TBD**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$ TBD**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....+ \$ TBD**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$ TBD

Fill in this information to identify the case:

Debtor RHA Anadarko, Inc.

United States Bankruptcy Court for the: Western District of Oklahoma
(State)

Case number 20-13482-SH
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with **PRIORITY** Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)**2.2** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)**2.3** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (____)

Debtor

Name

Case number (if known)

20-13482-SH

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

Debtor

Name

Case number (if known) 20-13482-SH

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 24/7 RADIOLOGY, LLP 5820 Oberlin Drive, Suite 205 San Diego, CA 92121 Date or dates debt was incurred See attached schedule Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		See attached schedule \$ _____
3.2	Nonpriority creditor's name and mailing address A and J LABORATORY CONSULTANTS 14799 Fishtrap Road Aubrey, TX 76227 Date or dates debt was incurred See attached schedule Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		See attached schedule \$ _____
3.3	Nonpriority creditor's name and mailing address ABBOTT DIABETES CARE SALES CORP The Corporation Company 120 N Robinson, Suite 735 Oklahoma City, OK 73102 Date or dates debt was incurred See attached schedule Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		See attached schedule \$ _____
3.4	Nonpriority creditor's name and mailing address ABBOTT POINT OF CARE 400 College Road East Princeton, NJ 08540 Date or dates debt was incurred See attached schedule Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		See attached schedule \$ _____
3.5	Nonpriority creditor's name and mailing address AESCULAP 3773 Corporate Parkway Center Valley, PA 18034 Date or dates debt was incurred See attached schedule Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		See attached schedule \$ _____
3.6	Nonpriority creditor's name and mailing address ALAN TAYLOR Date or dates debt was incurred See attached schedule Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		See attached schedule \$ _____

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address Alcon Laboratories, Inc 6201 South Freeway Fort Worth, TX 76134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address ALIGNED MEDICAL SOLUTIONS 1602 4th Ave, N. Billings, MT 59101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address ALIMED, INC. 297 High Street Dedham, MA 02026	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address AMERIPATH OKLAHOMA CITY c/o Corporation Services Company 1201 Hays Street Tallahassee, FL 32301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address ANADARKO CHAMBER OF COMMERCE 501 W Virginia Ave Anadarko, OK 73005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _ _ _ _	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address ANADARKO FIRE/EMS 115 W Kentucky Ave Anadarko, OK 73005 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.	Nonpriority creditor's name and mailing address ANADARKO FLORAL SERVICE 121 W. Broadway Street Anadarko, OK 73005 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.	Nonpriority creditor's name and mailing address Anesthesia Service 1821 N. Classen Blvd Oklahoma City, OK 73106 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.	Nonpriority creditor's name and mailing address ANGELICA -DALLAS Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.	Nonpriority creditor's name and mailing address APPLIED MEDICAL 22872 Avenida Empresa Rancho Santa Margarita, CA 92688 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$

Debtor

Name

Case number (if known)

20-13482-SH

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address APSP - APNEA SPECIALISTS 2410 W Memorial Road Oklahoma City, OK 73134 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address AT&T 208 S. Akard Street Dallas, TX 75202 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address BROOKS INDUSTRIES 23291 Ventura Blvd Woodland Hills, CA 91364 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address CARDINAL HEALTH c/o CT Corporation System 4400 East Commons Way, Suite 125 Columbus, OH 43219 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address CHRIS PARKS, CRNA 1515 N. Porter, Suite 100 Norman, OK 73071 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

Name

Case number (if known)

20-13482-SH

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address CLINT PHARMACEUTICALS, INC 629 Shute Lane Old Hickory, TN 37138 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address COMANCHE COUNTY MEMORIAL HOSP 3401 W. Gore Blvd Lawton, OK 73505 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address COMANCHE MEMORIAL EMS 1301 SW 30th St. Lawton, OK 73505 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address Conner & Winters, LLP 1700 One Leadership Square 211 North Robinson Oklahoma City, OK 73102 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address COOK MEDICAL 1186 Montgomery Lane Vandergrift, PA 15690 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address CORPORATE EXPRESS, INC 1834 Walton Road Saint Louis, MO 63114-5820	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address CULLIGAN WATER CONDITIONING 2521 S. Interstate 35 Service Road Oklahoma City, Ok 73219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address DIGITAL TRANSCRIPTIONS SYSTEMS 135 N. Cedar Branch Way, Ste 111 Mustang, OK 73064-9200	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address DIVERSIFIED BIOLOGICALS, LLC 4300 SW 73rd Ave, Ste 102 Miami, FL 33155	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address DON STOLZEBACH 558 Plate Dr. Unit #9 East Dundee, IL 60118	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

20-13482-SH

Part 2:

Amount of claim

3.____	Nonpriority creditor's name and mailing address DYNAMIC INFUSION THERAPY,INC 5156 Village Creek Drive, #102 Plano, TX 75093 Date or dates debt was incurred Last 4 digits of account number	See attached schedule. _____ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address E.T.C (Elaine's Transportation Co) 3717 Vickie Drive Oklahoma City, OK 73115 Date or dates debt was incurred Last 4 digits of account number	See attached schedule. _____ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address EAGLE LABS 10201 Trademark St. Rancho Cucamonga, CA 91730 Date or dates debt was incurred Last 4 digits of account number	See attached schedule. _____ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address EMPIRE PAPER COMPANY INC c/o Jason Estes 2708 Central FWY E Wichita Falls, TX 76301 Date or dates debt was incurred Last 4 digits of account number	See attached schedule. _____ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address ENCORE ENERGY SERVICES , INC 12120 Port Grace Blvd. #200 La Vista, NE 68128 Date or dates debt was incurred Last 4 digits of account number	See attached schedule. _____ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address EPIMED 141 Sal Landrio Drive Johnstown, NY 12905	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address FIRST CHOICE COFFEE SERVICES 1 S 660 Midwest Road, Suite 120 Oakbrook Terrace, IL 60181	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address First Physicians Business Solutions c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address FIRST PHYSICIANS REALTY GROUP c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address First Physicians Resources c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Name

Case number (if known)

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Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.____	Nonpriority creditor's name and mailing address First Physicians Services c/o Christensen Law Group PLLC 3401 NW 63rd Street, Suite 600 Oklahoma City, OK 73116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
	Date or dates debt was incurred _____ See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address FISHER HEALTHCARE 118 Whispering Woods Road Charleston, WV 25304	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred _____ See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address Fujifilm Medical Systems Endoscopy Divis 10 High Point Drive Wayne, NJ 07470	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred _____ See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address FUJINON 6200 Phyllis Drive Cypress, CA 90630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred _____ See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address GLAUKOS CORPORATION 229 Avenida Fabricante San Clemente, CA 92672	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred _____ See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

RHA Anadarko, Inc.
Name

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Part 2: Additional Page

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Amount of claim

3.____	Nonpriority creditor's name and mailing address GLIDEWELL PLUMBING HEATING 605 E. Georgia Ave Anadarko, OK 73005 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address GLOBAL STAR 300 Holiday Square Blvd. Covington, LA 70433 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address GRADY MEMORIAL HOSPITAL 80 Jesse Hill Jr. Drive SE Atlanta, GA 30303 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address GRAINGER 100 Grainger Pkwy Lake Forest, IL 60045 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.____	Nonpriority creditor's name and mailing address GREMED PRODUCTS 8040 NW 14th St Doral, FL 33126-1612 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

RHA Anadarko, Inc.
Name

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address GULF COAST MEDICAL, INC. 13681 Doctors Way Fort Myers, FL 33912 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address GULF COAST PHARMACEUTICALS 995 N. Halstead Road Ocean Springs, MS 39564 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address HAMPSHIRE CONTROLS CORP. 1 Grove Street Dover, NH 03820 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address HEALTHCHOICE REFUNDS P.O. Box 99011 Lubbock, TX 79490-4314 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address HEALTHLAND 12755 Highway 55 St. 100 Minneapolis, MN 55441-4676 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

Name

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Amount of claim

3.____	Nonpriority creditor's name and mailing address HENRY SCHEIN 135 Dduryea Road Melville, NY 11747	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address Hill-Rom 1069 State Route 46 East Batesville, IN 47006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address HORIBA 20 Knightsbridge Road Piscataway, NJ 08854	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address HOYA SURGICAL OPTICS, INC 15335 Fairfield Ranch Road Chino Hills, CA 91709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.____	Nonpriority creditor's name and mailing address INGENIX 12125 Technology Drive Eden Prairie, MN 55344	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
	Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Name

Case number (if known)

Part 2: Additional Page

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Amount of claim

3. Nonpriority creditor's name and mailing address Instrumentation Laboratory 526 NY-303 Orangeburg, NY 10962 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address IPRGS, P.C. Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address J & J Health Care Systems, Inc. 425 Hoes Lane Piscataway, NJ 08854 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address JETRAD, LLC 4005 NW Expway St. STE 410 Oklahoma City, OK 73116 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address JOHNSTON MEMORIAL HOSPITAL 16000 Johnston Memorial Drive Abingdon, VA 24211 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Part 2: Additional Page

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Amount of claim

3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	See attached schedule.
KCI USA	Check all that apply.	\$
Corporation Services Company	<input type="checkbox"/> Contingent	
1800 Greenbriar Place	<input type="checkbox"/> Unliquidated	
Oklahoma City, OK 73159	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Liquidated and neither contingent nor disputed	
	Basis for the claim:	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	See attached schedule.
LAWTON COMMUNICATIONS	Check all that apply.	\$
6210 NW Oak Ave	<input type="checkbox"/> Contingent	
Lawton, OK 73505	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	See attached schedule.
LIPPINCOTT WILLIAMS & WILKINS	Check all that apply.	\$
2700 Lake Cook Road	<input type="checkbox"/> Contingent	
Riverwoods, IL 60015	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	See attached schedule.
MATHESON TRI GAS, INC	Check all that apply.	\$
166 Keystone Drive	<input type="checkbox"/> Contingent	
Montgomeryville, PA 18936	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	See attached schedule.
MED ASSETS	Check all that apply.	\$
100 North Point Center East , Suite 200	<input type="checkbox"/> Contingent	
Alpharetta, GA 30022	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim:	
Date or dates debt was incurred	Is the claim subject to offset?	
Last 4 digits of account number	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor

Name

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Amount of claim

3. Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES, INC. One Medline Place Mundelein, IL 60060	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address MEDTRONIC USA INC 710 Medtronic Parkway Minneapolis, MN 55432	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address MMI, LLC 1724 Rudder Indus Pk Dr. Fenton, MO 63026	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address MycroMed LLC 2364 Highway 287 N , STE . 109 Mansfield, TX 76063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address NOVA BIOMEDICAL 200 Prospect Street Waltham, MA 02454-9141	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____		

Debtor

Name

Case number (if known)

Part 2: Additional Page

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Amount of claim

3. Nonpriority creditor's name and mailing address OFFICE DEPOT, INC. 6600 N. Military Trl. Boca Raton, FL 33496 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address OKLAHOMA DEPT OF LABOR 3017 N. Stiles Ave #100 Oklahoma City, OK 73105 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address OKLAHOMA NATURAL GAS COMPANY 5848 E15th St Tulsa, OK 74112-6402 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address OKLAHOMA TAX COMMISSION 2501 N. Lincoln Blvd. Oklahoma City, OK 73194 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address ORGANOGENESIS INC 85 Dan Road Canton, MA 02021 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Name _____

Case number (if known).

Part 2:

Amount of claim

3.	<div>Nonpriority creditor's name and mailing address</div> <div>OWENS and MINOR</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div><input type="checkbox"/> Liquidated and neither contingent nor disputed</div>	<div>See attached schedule.</div> <div>\$</div>
	<div>9120 Lockwood Blvd</div> <div>Mechanicsville, VA 23116</div>	<div>Basis for the claim:</div>	
	<div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div>	<div>See attached schedule.</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	
3.	<div>Nonpriority creditor's name and mailing address</div> <div>PC CONNECTIONS</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<div>See attached schedule.</div> <div>\$</div>
	<div>730 Milford Road Route 101A</div> <div>Merrimack, NH 03054</div>	<div>Basis for the claim:</div>	
	<div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div>	<div>See attached schedule.</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	
3.	<div>Nonpriority creditor's name and mailing address</div> <div>PHA - PETTY CASH - GRANT ACCT</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<div>See attached schedule.</div> <div>\$</div>
	<div></div> <div></div>	<div>Basis for the claim:</div>	
	<div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div>	<div>See attached schedule.</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	
3.	<div>Nonpriority creditor's name and mailing address</div> <div>PRECISION LENS</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<div>See attached schedule.</div> <div>\$</div>
	<div>5715 West Old Shakopee Road, Suite 150</div> <div>Bloomington, MN 55437</div>	<div>Basis for the claim:</div>	
	<div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div>	<div>See attached schedule.</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	
3.	<div>Nonpriority creditor's name and mailing address</div> <div>Sacrix LLC</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<div>See attached schedule.</div> <div>\$</div>
	<div>350 Main Street, 3rd Floor</div> <div>Malden Massachusetts, 02148</div>	<div>Basis for the claim:</div>	
	<div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div>	<div>See attached schedule.</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	

Debtor

RHA Anadarko, Inc.

Name

Case number (if known)

Part 2: Additional Page

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Amount of claim

3.	Nonpriority creditor's name and mailing address SIZEWISE RENTALS 8601 Monrovia Street Lenexa, KS 66125 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address Smith & Nephew 1450 Brooks Road Memphis, TN 38116 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address Smith & Son Building Center 117 SE 2nd Street Anadarko, OK 73005 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address SOMERSET CAPITAL GROUP,LTD 612 Wheelers Farm Road Milford, CT 06461 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3.	Nonpriority creditor's name and mailing address SOONER COPY MACHINES, INC 650 Alameda St. Norman, OK 73071 Date or dates debt was incurred <u>See attached schedule.</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

RHA Anadarko, Inc.

Case number (if known)

20-13482-SH

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address STANDLEY SYSTEMS 26 E. Main Street Oklahoma City, OK 73104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address Staples 500 Staples Dr. Framingham, MA 01702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address STERICYCLE, INC 2355 Waukegan Road Bannockburn, IL 60015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address STERILMED, INC. 11400 73rd Avenue North, Suite 100 Maple Grove, Minnesota 55369	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address STERIS CORPORATION 	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.____	Nonpriority creditor's name and mailing address STROUD REGIONAL MEDICAL CENTER 5960 Heisley Road Mentor, OH 44060 Date or dates debt was incurred Last 4 digits of account number	See attached schedule. \$ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.____	Nonpriority creditor's name and mailing address STRYKER ENDOSCOPY 5900 Optical Ct. San Jose, CA 95138 Date or dates debt was incurred Last 4 digits of account number	See attached schedule. \$ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.____	Nonpriority creditor's name and mailing address SUDDENLINK 12444 Powerscourt Dr. Ste. 450 St. Louis, Missouri 63131 Date or dates debt was incurred Last 4 digits of account number	See attached schedule. \$ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.____	Nonpriority creditor's name and mailing address SURGICAL ADVANTAGE PO Box 35565 Tulsa, OK 74153 Date or dates debt was incurred Last 4 digits of account number	See attached schedule. \$ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$
3.____	Nonpriority creditor's name and mailing address Sysmex America, Inc. 577 Aptakisic Road Lincolnshire, Illinois 60069 Date or dates debt was incurred Last 4 digits of account number	See attached schedule. \$ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address THARA DAMODARAN, MD LLC 515 N Mesa Drive Mesa, AZ 85201 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address THE HOME DEPOT PRO 2455 Paces Ferry Road SE Atlanta, GA 30339-1834 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address THE T SYSTEM, INC. 9300 W. 110th Street, Suite 350 Overland Park, KS 66210 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address TRAILBLAZER HEALTH ENTERPRISES 8330 Lyndon B Johnson FWY Dallas, TX 75243 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____
3. Nonpriority creditor's name and mailing address Tri-anim Health Services 5000 Tuttle Crossing Blvd, Dublin, OH 43016 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	See attached schedule. \$ _____

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address TSG PHYSICIANS 12201 Merit Dr. Suite 1000 Dallas, TX 75251	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address ULINE 12575 Uline Drive Pleasant Prairie, WI 53158	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address Internal Revenue Service 55 N. Robinson Ave Oklahoma City, OK 73102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address Southern Plains Medical Center 2222 West Iowa Avenue Chickasha, OK 73018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	282,000 \$ _____
Date or dates debt was incurred October 22, 2020 Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	See attached schedule. \$ _____
Date or dates debt was incurred See attached schedule. Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Name

Case number (if known)

Part 3:**List Others to Be Notified About Unsecured Claims**

- 4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

page ____ of ____

Debtor

Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts****5a. Total claims from Part 1**

5a. \$ _____

5b. Total claims from Part 2

5b. + \$ _____

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ _____

11/06/20
10:39

The Physicians Hospital Anadarko

Page: 1

Balance Due Report

Application Code: AP

User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
110001 4064	24/7 RADIOLOGY, LLP 01/31/10	02/14/10			01	U	6,391.60	5,691.60	0.00	5,691.60	0.00
Vendor Total:							6,391.60	5,691.60	0.00	5,691.60	0.00
110003 CRDT110711	A and J LABORATORY CONSULTANTS 11/07/11	11/07/11			01	U	-4,000.00	-4,000.00	0.00	-4,000.00	0.00
Vendor Total:							-4,000.00	-4,000.00	0.00	-4,000.00	0.00
110013 21212	ANADARKO CHAMBER OF COMMERCE 01/12/11	01/12/11			01	U	630.00	630.00	0.00	630.00	0.00
Vendor Total:							630.00	630.00	0.00	630.00	0.00
110020 96193898	AESCLAP 11/12/09	12/12/09			01	U	364.00	364.00	0.00	364.00	0.00
96310764	12/12/09	01/11/10			01	U	364.00	364.00	0.00	364.00	0.00
98636166	12/21/09	01/20/10			01	U	364.00	364.00	0.00	364.00	0.00
99242388	04/22/10	05/22/10			01	U	132.30	132.30	0.00	132.30	0.00
Vendor Total:							1,224.30	1,224.30	0.00	1,224.30	0.00
110028 115017	ALIGNED MEDICAL SOLUTIONS 08/13/10	09/12/10			01	U	622.96	622.96	0.00	622.96	0.00
Vendor Total:							622.96	622.96	0.00	622.96	0.00
110047 881010491	ANADARKO FIRE/EMS 09/29/10	09/29/10			01	U	840.00	840.00	0.00	840.00	0.00
881010501	09/29/10	09/29/10			01	U	840.00	840.00	0.00	840.00	0.00
8810110610	11/03/10	11/03/10			01	U	850.00	850.00	0.00	850.00	0.00
8810110710	11/03/10	11/03/10			01	U	850.00	850.00	0.00	850.00	0.00
881011571	11/03/10	11/03/10			01	U	920.00	920.00	0.00	920.00	0.00
Vendor Total:							4,300.00	4,300.00	0.00	4,300.00	0.00
110048 000916	ANADARKO FLORAL SERVICE 06/30/10	06/30/10			01	U	37.85	37.85	0.00	37.85	0.00
Vendor Total:							37.85	37.85	0.00	37.85	0.00
110056 108C	APSP - APNEA SPECIALISTS 10/29/10	12/28/10			01	U	6,800.00	1,820.55	0.00	1,820.55	0.00
Vendor Total:							6,800.00	1,820.55	0.00	1,820.55	0.00
110057 90591575	APPLIED MEDICAL 12/01/09	01/15/10			01	U	-264.27	-264.27	0.00	-264.27	0.00
Vendor Total:							-264.27	-264.27	0.00	-264.27	0.00
110101 0997609-IN	BROOKS INDUSTRIES 04/13/10	04/13/10			01	U	71.13	71.13	0.00	71.13	0.00
Vendor Total:							71.13	71.13	0.00	71.13	0.00

The Vendor Balance Due Report was provided to the debtor by First Physician on November 20, 2020. The report was produced on November 6, 2020 based on the date and time stamp. The debtor is not able to determine if this accurately reflects the monies owing to vendors as of the petition date October 25, 2020. Accordingly the debtor will supplement this list should additional information become available.

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10:39

The Physicians Hospital Anadarko

Page: 2

Balance Due Report

Application Code: AP

User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
110124	CARDINAL HEALTH										
1600221260	11/01/10	11/01/10			01	U	13.41	13.41	0.00	13.41	0.00
1600388888	02/01/11	02/01/11			01	U	10.61	10.61	0.00	10.61	0.00
1600510311	04/05/11	04/05/11			01	U	14.88	14.88	0.00	14.88	0.00
1600614884	06/03/11	06/03/11			01	U	16.88	16.88	0.00	16.88	0.00
626753631	04/26/10	05/26/10			01	U	2,665.18	2,665.18	0.00	2,665.18	0.00
628986680	06/28/10	07/28/10			01	U	467.54	467.54	0.00	467.54	0.00
635558401	01/11/11	02/10/11			01	U	327.56	327.56	0.00	327.56	0.00
Vendor Total:							3,516.06	3,516.06	0.00	3,516.06	0.00
110144	CLINT PHARMACEUTICALS, INC										
10202011	10/20/11	11/09/11			01	U	0.52	0.52	0.00	0.52	0.00
Vendor Total:							0.52	0.52	0.00	0.52	0.00
110146	COMANCHE MEMORIAL EMS										
104343-A	01/31/11	01/31/11			01	U	1,123.00	1,123.00	0.00	1,123.00	0.00
Vendor Total:							1,123.00	1,123.00	0.00	1,123.00	0.00
110147	COMANCHE COUNTY MEMORIAL HOSP										
1028500618	10/12/10	10/12/10			01	U	1,140.00	1,140.00	0.00	1,140.00	0.00
1029800624	10/25/10	10/25/10			01	U	1,084.00	1,084.00	0.00	1,084.00	0.00
Vendor Total:							2,224.00	2,224.00	0.00	2,224.00	0.00
110159	CORPORATE EXPRESS, INC										
90417109	09/26/08	10/26/08			01	U	-23.62	-23.62	0.00	-23.62	0.00
Vendor Total:							-23.62	-23.62	0.00	-23.62	0.00
110183	DIVERSIFIED BIOLOGICALS, LLC										
101126-03	11/29/10	12/29/10			01	U	169.08	169.08	0.00	169.08	0.00
Vendor Total:							169.08	169.08	0.00	169.08	0.00
110193	EAGLE LABS										
121980	08/19/10	09/18/10			01	U	85.90	85.90	0.00	85.90	0.00
Vendor Total:							85.90	85.90	0.00	85.90	0.00
110219	FIRST PHYSICIANS REALTY GROUP										
0264	07/27/12	07/27/12			01	U	50,770.27	50,770.27	0.00	50,770.27	0.00
Vendor Total:							50,770.27	50,770.27	0.00	50,770.27	0.00

11/06/20
10:39

The Physicians Hospital Anadarko

Page: 3

Balance Due Report

Application Code: AP

User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
110224	FUJINON										
790161RI	10/18/10	11/17/10			01	U	920.83	920.83	0.00	920.83	0.00
792675RI	11/17/10	12/17/10			01	U	920.83	920.83	0.00	920.83	0.00
794417RI	12/09/10	01/08/11			01	U	920.83	920.83	0.00	920.83	0.00
794692RI	12/14/10	01/13/11			01	U	780.45	780.45	0.00	780.45	0.00
794694RI	12/14/10	01/13/11			01	U	242.48	242.48	0.00	242.48	0.00
796592RI	01/11/11	02/10/11			01	U	920.83	920.83	0.00	920.83	0.00
799372 RI	02/16/11	03/18/11			01	U	920.83	920.83	0.00	920.83	0.00
801176RI	03/11/11	04/10/11			01	U	920.83	920.83	0.00	920.83	0.00
803745 RI	04/14/11	05/14/11			01	U	920.83	920.83	0.00	920.83	0.00
805608RI	05/09/11	06/08/11			01	U	920.83	920.83	0.00	920.83	0.00
808490RI	06/15/11	07/15/11			01	U	920.83	920.83	0.00	920.83	0.00
810566RI	07/13/11	08/12/11			01	U	920.83	920.83	0.00	920.83	0.00
Vendor Total:							10,231.23	10,231.23	0.00	10,231.23	0.00
110237	GLIDEWELL PLUMBING HEATING										
020312	02/03/12	02/03/12			01	U	37.53	37.53	0.00	37.53	0.00
113011	11/30/11	11/30/11			01	U	36.43	36.43	0.00	36.43	0.00
178	04/30/12	04/30/12			01	U	39.25	39.25	0.00	39.25	0.00
183	05/30/12	05/30/12			01	U	39.84	39.84	0.00	39.84	0.00
FC 202	06/30/12	06/30/12			01	U	40.43	40.43	0.00	40.43	0.00
FC167	03/01/12	03/31/12			01	U	38.10	38.10	0.00	38.10	0.00
FC173	03/13/12	03/13/12			01	U	38.67	38.67	0.00	38.67	0.00
Vendor Total:							270.25	270.25	0.00	270.25	0.00
110238	GLOBAL STAR										
2770-P	10/25/10	11/24/10			01	U	396.56	396.56	0.00	396.56	0.00
2770P	10/25/10	10/25/10			01	U	183.84	183.84	0.00	183.84	0.00
Vendor Total:							580.40	580.40	0.00	580.40	0.00
110242	GRADY MEMORIAL HOSPITAL										
000502437	02/04/10	02/04/10			01	U	-127.98	-127.98	0.00	-127.98	0.00
031710	03/17/10	03/17/10			01	U	88.00	88.00	0.00	88.00	0.00
032310	03/23/10	03/23/10			01	U	88.00	88.00	0.00	88.00	0.00
093009	09/30/09	09/30/09			01	U	88.00	88.00	0.00	88.00	0.00
100509	10/05/09	10/05/09			01	U	407.00	407.00	0.00	407.00	0.00
121409	12/14/09	12/14/09			01	U	569.00	569.00	0.00	569.00	0.00
520794	06/17/10	06/17/10			01	U	49.00	49.00	0.00	49.00	0.00
G000502437	02/04/10	02/04/10			01	U	1,000.00	1,000.00	0.00	1,000.00	0.00
Vendor Total:							2,161.02	2,161.02	0.00	2,161.02	0.00
110247	GREMED PRODUCTS										
GP3704	08/31/10	09/30/10			01	U	167.43	167.43	0.00	167.43	0.00
Vendor Total:							167.43	167.43	0.00	167.43	0.00
110251	GULF COAST PHAMACEUTICALS										
69464	11/23/10	12/23/10			01	U	340.00	340.00	0.00	340.00	0.00
Vendor Total:							340.00	340.00	0.00	340.00	0.00

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110252 69341	GULF COAST MEDICAL, INC.				01	U	340.00	340.00	0.00	340.00	0.00
Vendor Total:							340.00	340.00	0.00	340.00	0.00
110259 090517	HAMPSHIRE CONTROLS CORP.				01	U	282.00	282.00	0.00	282.00	0.00
Vendor Total:							282.00	282.00	0.00	282.00	0.00
110263 21810	HEALTHCHOICE REFUNDS				01	U	117.98	117.98	0.00	117.98	0.00
Vendor Total:							117.98	117.98	0.00	117.98	0.00
110282 90221736	HORIBA				01	U	3,550.08	3,550.08	0.00	3,550.08	0.00
Vendor Total:							3,550.08	3,550.08	0.00	3,550.08	0.00
110284 10026743	HOYA SURGICAL OPTICS, INC				01	U	630.00	630.00	0.00	630.00	0.00
10027357	12/31/10	01/30/11			01	U	230.00	230.00	0.00	230.00	0.00
10027909	01/13/11	02/12/11			01	U	530.00	530.00	0.00	530.00	0.00
10030934	03/15/11	04/14/11			01	U	830.00	830.00	0.00	830.00	0.00
10031510	03/25/11	04/24/11			01	U	700.00	700.00	0.00	700.00	0.00
Vendor Total:							2,920.00	2,920.00	0.00	2,920.00	0.00
110291 10566850	INGENIX				01	U	700.44	700.44	0.00	700.44	0.00
10612827	12/23/10	01/07/11			01	U	120.40	120.40	0.00	120.40	0.00
Vendor Total:							820.84	820.84	0.00	820.84	0.00
110308 835	JETRAD, LLC				01	U	518.41	518.41	0.00	518.41	0.00
864	10/31/09	11/20/09			01	U	3,195.00	3,195.00	0.00	3,195.00	0.00
871	11/30/09	12/30/09			01	U	511.29	511.29	0.00	511.29	0.00
900	11/30/09	12/30/09			01	U	2,610.00	2,610.00	0.00	2,610.00	0.00
909	12/31/09	01/30/10			01	U	310.55	310.55	0.00	310.55	0.00
937	12/31/09	01/20/10			01	U	1,530.00	1,530.00	0.00	1,530.00	0.00
Vendor Total:							8,675.25	8,675.25	0.00	8,675.25	0.00
110309 130689	DIGITAL TRANSCRIPTIONS SYSTEMS				01	U	552.00	552.00	0.00	552.00	0.00
Vendor Total:							552.00	552.00	0.00	552.00	0.00
110311 13105	JOHNSTON MEMORIAL HOSPITAL				01	U	1,000.00	1,000.00	0.00	1,000.00	0.00
Vendor Total:							1,000.00	1,000.00	0.00	1,000.00	0.00
110337 024035	LAWTON COMMUNICATIONS				01	U	151.83	151.83	0.00	151.83	0.00
024035A	10/27/09	11/26/09			01	U	300.11	300.11	0.00	300.11	0.00
024035B	01/01/12	03/01/12			01	U	2.08	2.08	0.00	2.08	0.00
Vendor Total:							454.02	454.02	0.00	454.02	0.00

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110343	LIPPINCOTT WILLIAMS & WILKINS										
61514298	10/04/10	11/03/10			01	U	188.26	188.26	0.00	188.26	0.00
Vendor Total:							188.26	188.26	0.00	188.26	0.00
110369	MED ASSETS										
112995	01/05/10	02/04/10			01	U	7,500.00	7,500.00	0.00	7,500.00	0.00
164234	03/31/11	04/30/11			01	U	7,500.00	7,500.00	0.00	7,500.00	0.00
Vendor Total:							15,000.00	15,000.00	0.00	15,000.00	0.00
110386	MMI, LLC										
9669MMI	04/01/11	05/01/11			01	U	305.83	305.83	0.00	305.83	0.00
9773MMI	05/01/11	05/31/11			01	U	305.84	305.84	0.00	305.84	0.00
9843MMI	06/01/11	07/01/11			01	U	305.83	305.83	0.00	305.83	0.00
9846MMI	07/01/11	07/31/11			01	U	305.84	305.84	0.00	305.84	0.00
Vendor Total:							1,223.34	1,223.34	0.00	1,223.34	0.00
110412	NOVA BIOMEDICAL										
031009CR	03/10/09	03/10/09			01	U	-994.81	-994.81	0.00	-994.81	0.00
Vendor Total:							-994.81	-994.81	0.00	-994.81	0.00
110429	ONE CURA WELLNESS (WIRE ONLY)										
042012	04/20/12	04/20/12			01	U	30,951.36	30,951.36	0.00	30,951.36	0.00
Vendor Total:							30,951.36	30,951.36	0.00	30,951.36	0.00
110448	OKLAHOMA TAX COMMISSION										
043011	04/30/11	05/20/11			01	U	173.43	173.43	0.00	173.43	0.00
053111	05/31/11	06/20/11			01	U	152.09	152.09	0.00	152.09	0.00
063011	06/30/11	07/20/11			01	U	106.57	106.57	0.00	106.57	0.00
073111	07/31/11	08/22/11			01	U	30.10	30.10	0.00	30.10	0.00
Vendor Total:							462.19	462.19	0.00	462.19	0.00
110449	OKLAHOMA TAX COMMISSION										
112111	11/11/11	11/21/11			01	U	107.03	107.03	0.00	107.03	0.00
Vendor Total:							107.03	107.03	0.00	107.03	0.00

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110452	OWENS and MINOR										
0598142	09/15/10	09/22/10			01	U	57.98	57.98	0.00	57.98	0.00
0598927	09/20/10	09/27/10			01	U	40.39	40.39	0.00	40.39	0.00
0599022	09/20/10	09/27/10			01	U	145.47	145.47	0.00	145.47	0.00
0599024	09/20/10	09/27/10			01	U	658.63	658.63	0.00	658.63	0.00
0599491	09/22/10	09/29/10			01	U	16.48	16.48	0.00	16.48	0.00
0599492	09/22/10	09/29/10			01	U	149.10	149.10	0.00	149.10	0.00
0599581	09/22/10	09/29/10			01	U	16.48	16.48	0.00	16.48	0.00
0600271	09/27/10	10/04/10			01	U	186.19	186.19	0.00	186.19	0.00
0600505	09/27/10	10/04/10			01	U	102.50	102.50	0.00	102.50	0.00
0600904	09/29/10	10/06/10			01	U	34.96	34.96	0.00	34.96	0.00
0602133	10/06/10	10/13/10			01	U	96.55	96.55	0.00	96.55	0.00
0602151	10/06/10	10/13/10			01	U	11.01	11.01	0.00	11.01	0.00
0602197	10/06/10	10/13/10			01	U	86.92	86.92	0.00	86.92	0.00
0603106	10/11/10	10/18/10			01	U	20.28	20.28	0.00	20.28	0.00
0603772	10/13/10	10/20/10			01	U	197.16	197.16	0.00	197.16	0.00
0604487	10/18/10	10/25/10			01	U	79.95	79.95	0.00	79.95	0.00
0605799	10/25/10	11/01/10			01	U	174.57	174.57	0.00	174.57	0.00
0605848	10/25/10	11/01/10			01	U	174.57	174.57	0.00	174.57	0.00
0605908	10/25/10	11/01/10			01	U	15.27	15.27	0.00	15.27	0.00
0606069	10/25/10	11/01/10			01	U	1,594.30	1,594.30	0.00	1,594.30	0.00
0606070	10/25/10	11/01/10			01	U	2,403.08	2,403.08	0.00	2,403.08	0.00
0606396	10/27/10	11/03/10			01	U	17.14	17.14	0.00	17.14	0.00
0606465	10/27/10	11/03/10			01	U	23.63	23.63	0.00	23.63	0.00
0606586	10/27/10	11/03/10			01	U	1,086.72	1,086.00	0.00	1,086.00	0.00
0607285	11/01/10	11/08/10			01	U	29.53	29.53	0.00	29.53	0.00
0607325	11/01/10	11/08/10			01	U	129.87	129.87	0.00	129.87	0.00
0607424	11/01/10	11/08/10			01	U	944.71	944.71	0.00	944.71	0.00
0607810	11/03/10	11/10/10			01	U	6.02	0.89	0.00	0.89	0.00
0608360	11/08/10	11/15/10			01	U	26.04	26.04	0.00	26.04	0.00
0608451	11/08/10	11/15/10			01	U	465.86	465.86	0.00	465.86	0.00
0608554	11/08/10	11/15/10			01	U	2,596.60	2,596.60	0.00	2,596.60	0.00
0608558	11/08/10	11/15/10			01	U	2,071.05	2,071.05	0.00	2,071.05	0.00
0608827	11/10/10	11/17/10			01	U	715.73	715.73	0.00	715.73	0.00
0608828	11/10/10	11/17/10			01	U	223.65	223.65	0.00	223.65	0.00
0608829	11/10/10	11/17/10			01	U	28.32	28.32	0.00	28.32	0.00
0608939	11/10/10	11/17/10			01	U	20.28	20.28	0.00	20.28	0.00
0609040	11/10/10	11/17/10			01	U	220.00	220.00	0.00	220.00	0.00
0609172	11/11/10	11/18/10			01	U	439.05	439.05	0.00	439.05	0.00
0609540	11/15/10	11/22/10			01	U	16.40	16.40	0.00	16.40	0.00
0609561	11/15/10	11/22/10			01	U	197.39	197.39	0.00	197.39	0.00
0609620	11/15/10	11/22/10			01	U	426.71	426.71	0.00	426.71	0.00
0609622	11/15/10	11/22/10			01	U	159.87	159.87	0.00	159.87	0.00
0609712	11/15/10	11/22/10			01	U	3,511.47	3,511.47	0.00	3,511.47	0.00
0609714	11/15/10	11/22/10			01	U	1,214.37	1,214.37	0.00	1,214.37	0.00

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0631267	04/04/11	04/11/11			01	U	724.14	724.14	0.00	724.14	0.00
0631375	04/05/11	04/12/11			01	U	1,666.42	1,666.42	0.00	1,666.42	0.00
0631484	04/06/11	04/13/11			01	U	139.88	139.88	0.00	139.88	0.00
0631539	04/06/11	04/13/11			01	U	28.34	28.34	0.00	28.34	0.00
0631619	04/06/11	04/13/11			01	U	213.47	213.47	0.00	213.47	0.00
0631994	04/11/11	04/18/11			01	U	27.67	27.67	0.00	27.67	0.00
0632081	04/11/11	04/18/11			01	U	124.93	124.93	0.00	124.93	0.00
0632167	04/11/11	04/18/11			01	U	852.31	852.31	0.00	852.31	0.00
0632170	04/11/11	04/18/11			01	U	583.57	583.57	0.00	583.57	0.00
0632347	04/13/11	04/20/11			01	U	19.91	19.91	0.00	19.91	0.00
0632430	04/13/11	04/20/11			01	U	24.65	24.65	0.00	24.65	0.00
0632987	04/18/11	04/25/11			01	U	40.42	40.42	0.00	40.42	0.00
0633060	04/18/11	04/25/11			01	U	370.74	370.74	0.00	370.74	0.00
0633162	04/18/11	04/25/11			01	U	1,386.78	1,386.78	0.00	1,386.78	0.00
0633163	04/18/11	04/25/11			01	U	455.84	455.84	0.00	455.84	0.00
0633456	04/20/11	04/27/11			01	U	19.61	19.61	0.00	19.61	0.00
0633687	04/21/11	04/28/11			01	U	112.01	112.01	0.00	112.01	0.00
0633983	04/25/11	05/02/11			01	U	39.52	39.52	0.00	39.52	0.00
0633984	04/25/11	05/02/11			01	U	10.33	10.33	0.00	10.33	0.00
0634084	04/25/11	05/02/11			01	U	1,638.09	1,638.09	0.00	1,638.09	0.00
0634382	04/27/11	05/04/11			01	U	79.64	79.64	0.00	79.64	0.00
11/15/11	11/22/11	11/29/11			01	U	26.19	26.19	0.00	26.19	0.00
1688527	05/03/11	05/10/11			01	U	238.88	238.88	0.00	238.88	0.00
1688528	05/03/11	05/10/11			01	U	133.74	133.74	0.00	133.74	0.00
1688791	05/03/11	05/10/11			01	U	1,051.72	1,051.72	0.00	1,051.72	0.00
1691182	05/05/11	05/12/11			01	U	87.89	87.89	0.00	87.89	0.00
1694218	05/10/11	05/17/11			01	U	67.36	67.36	0.00	67.36	0.00
1694678	05/10/11	05/17/11			01	U	2,143.24	2,143.24	0.00	2,143.24	0.00
1697738	05/13/11	05/20/11			01	U	342.91	342.91	0.00	342.91	0.00
1697867	05/13/11	05/20/11			01	U	40.90	40.90	0.00	40.90	0.00
1697923	05/13/11	05/20/11			01	U	292.02	292.02	0.00	292.02	0.00
1697946	05/13/11	05/20/11			01	U	123.04	123.04	0.00	123.04	0.00
1699874	05/17/11	05/24/11			01	U	99.37	99.37	0.00	99.37	0.00
1700478	05/17/11	05/24/11			01	U	1,745.15	1,745.15	0.00	1,745.15	0.00
1702401	05/19/11	05/26/11			01	U	287.57	287.57	0.00	287.57	0.00
1705699	05/24/11	05/31/11			01	U	-10.55	-10.55	0.00	-10.55	0.00
1705700	05/24/11	05/31/11			01	U	-61.66	-61.66	0.00	-61.66	0.00
1705711	05/24/11	05/31/11			01	U	364.49	364.49	0.00	364.49	0.00
1705750	05/24/11	05/31/11			01	U	-10.55	-10.55	0.00	-10.55	0.00
1705824	05/24/11	05/31/11			01	U	-40.00	-40.00	0.00	-40.00	0.00
1706330	05/24/11	05/31/11			01	U	1,406.95	1,406.95	0.00	1,406.95	0.00
1708431	05/26/11	06/02/11			01	U	70.82	70.82	0.00	70.82	0.00
1708537	05/26/11	06/02/11			01	U	4.27	4.27	0.00	4.27	0.00
1711587	05/31/11	06/07/11			01	U	638.24	638.24	0.00	638.24	0.00
1713813	06/02/11	06/09/11			01	U	86.63	86.63	0.00	86.63	0.00

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1717169	06/07/11	06/14/11			01	U	35.19	35.19	0.00	35.19	0.00
1717956	06/07/11	06/14/11			01	U	1,693.33	1,693.33	0.00	1,693.33	0.00
1723377	06/14/11	06/21/11			01	U	-16.00	-16.00	0.00	-16.00	0.00
1723397	06/14/11	06/21/11			01	U	-17.57	-17.57	0.00	-17.57	0.00
1723398	06/14/11	06/21/11			01	U	-9.85	-9.85	0.00	-9.85	0.00
1723703	06/14/11	06/21/11			01	U	8.52	8.52	0.00	8.52	0.00
1724226	06/14/11	06/21/11			01	U	1,050.80	1,050.80	0.00	1,050.80	0.00
1729866	06/21/11	06/28/11			01	U	68.21	68.21	0.00	68.21	0.00
1729876	06/21/11	06/28/11			01	U	27.22	27.22	0.00	27.22	0.00
1730186	06/21/11	06/28/11			01	U	783.31	783.31	0.00	783.31	0.00
1735317	06/28/11	07/05/11			01	U	28.78	28.78	0.00	28.78	0.00
1735378	06/28/11	07/05/11			01	U	4.27	4.27	0.00	4.27	0.00
CR010411	01/31/11	02/07/11			01	U	-10,000.00	-10,000.00	0.00	-10,000.00	0.00
CR012711	01/31/11	02/07/11			01	U	-16,000.00	-16,000.00	0.00	-16,000.00	0.00
CR021411	02/28/11	03/07/11			01	U	-5,000.00	-5,000.00	0.00	-5,000.00	0.00
CR022211	02/28/11	03/07/11			01	U	-6,102.00	-6,102.00	0.00	-6,102.00	0.00
CR030711	03/31/11	04/07/11			01	U	-6,000.00	-6,000.00	0.00	-6,000.00	0.00
CR032511	03/31/11	04/07/11			01	U	-6,000.00	-6,000.00	0.00	-6,000.00	0.00
CR0620WIRE	08/01/11	08/08/11			01	U	-4,145.09	-4,145.09	0.00	-4,145.09	0.00
CR072811	07/31/11	08/07/11			01	U	-7,000.00	-7,000.00	0.00	-7,000.00	0.00
CR0826WIRE	08/26/11	09/02/11			01	U	-6,000.00	-6,000.00	0.00	-6,000.00	0.00
CR102710	10/27/10	11/03/10			01	U	-1,900.34	-1,900.34	0.00	-1,900.34	0.00
CR20406	04/30/11	05/07/11			01	U	-3,445.00	-3,445.00	0.00	-3,445.00	0.00
CRDT102411	10/24/11	10/31/11			01	U	-10,000.00	-10,000.00	0.00	-10,000.00	0.00
CRDT112311	11/23/11	11/30/11			01	U	-7,000.00	-7,000.00	0.00	-7,000.00	0.00
CRDT122911	12/29/11	01/05/12			01	U	-12,000.00	-12,000.00	0.00	-12,000.00	0.00
CREDIT0504	05/31/11	06/07/11			01	U	-7,618.66	-7,618.66	0.00	-7,618.66	0.00
CREDIT0524	05/31/11	06/07/11			01	U	-4,900.00	-4,900.00	0.00	-4,900.00	0.00
CREDIT1121	11/30/10	12/07/10			01	U	-11,000.00	-11,000.00	0.00	-11,000.00	0.00
CREDIT1201	12/31/10	01/07/11			01	U	-8,000.00	-8,000.00	0.00	-8,000.00	0.00
CREDIT1203	12/31/10	01/07/11			01	U	-8,000.00	-8,000.00	0.00	-8,000.00	0.00
CREDIT1229	12/31/10	01/07/11			01	U	-7,000.00	-7,000.00	0.00	-7,000.00	0.00
0618476	01/12/11	01/19/11			01	U	3.55	3.55	0.00	3.55	0.00
0618573	01/12/11	01/19/11			01	U	22.86	22.86	0.00	22.86	0.00
0619014	01/17/11	01/24/11			01	U	11.04	11.04	0.00	11.04	0.00
0619023	01/17/11	01/24/11			01	U	50.85	50.85	0.00	50.85	0.00
0619085	01/17/11	01/24/11			01	U	124.93	124.93	0.00	124.93	0.00
0619189	01/17/11	01/24/11			01	U	1,744.83	1,744.83	0.00	1,744.83	0.00
0619477	01/19/11	01/26/11			01	U	51.48	51.48	0.00	51.48	0.00
0619477A	01/19/11	01/26/11			01	U	-51.48	-51.48	0.00	-51.48	0.00
0619477B	01/19/11	01/26/11			01	U	51.48	51.48	0.00	51.48	0.00
0619545	01/19/11	01/26/11			01	U	136.94	136.94	0.00	136.94	0.00
0619545A	01/19/11	01/26/11			01	U	-136.94	-136.94	0.00	-136.94	0.00
0619545B	01/19/11	01/26/11			01	U	136.94	136.94	0.00	136.94	0.00
0619580	01/19/11	01/26/11			01	U	12.96	12.96	0.00	12.96	0.00

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0619580A	01/19/11	01/26/11			01	U	-12.96	-12.96	0.00	-12.96	0.00
0619580B	01/19/11	01/26/11			01	U	12.96	12.96	0.00	12.96	0.00
0619630	01/19/11	01/26/11			01	U	85.46	85.46	0.00	85.46	0.00
0619630A	01/19/11	01/26/11			01	U	-85.46	-85.46	0.00	-85.46	0.00
0619630B	01/19/11	01/26/11			01	U	85.46	85.46	0.00	85.46	0.00
0619723	01/19/11	01/26/11			01	U	146.64	146.64	0.00	146.64	0.00
0619723A	01/19/11	01/26/11			01	U	-146.64	-146.64	0.00	-146.64	0.00
0619723B	01/19/11	01/26/11			01	U	146.64	146.64	0.00	146.64	0.00
0620207	01/24/11	01/31/11			01	U	249.91	249.91	0.00	249.91	0.00
0620207A	01/24/11	01/31/11			01	U	-249.91	-249.91	0.00	-249.91	0.00
0620207B	01/24/11	01/31/11			01	U	249.91	249.91	0.00	249.91	0.00
0620243	01/24/11	01/31/11			01	U	89.29	89.29	0.00	89.29	0.00
0620243A	01/24/11	01/31/11			01	U	-89.29	-89.29	0.00	-89.29	0.00
0620243B	01/24/11	01/31/11			01	U	89.29	89.29	0.00	89.29	0.00
0620300	01/24/11	01/31/11			01	U	68.84	68.84	0.00	68.84	0.00
0620300A	01/24/11	01/31/11			01	U	-68.84	-68.84	0.00	-68.84	0.00
0620300B	01/24/11	01/31/11			01	U	68.84	68.84	0.00	68.84	0.00
0620341	01/24/11	01/31/11			01	U	35.10	35.10	0.00	35.10	0.00
0620341A	01/24/11	01/31/11			01	U	-35.10	-35.10	0.00	-35.10	0.00
0620341B	01/24/11	01/31/11			01	U	35.10	35.10	0.00	35.10	0.00
0620425	01/24/11	01/31/11			01	U	1,474.03	1,474.03	0.00	1,474.03	0.00
0620425A	01/24/11	01/31/11			01	U	-1,474.03	-1,474.03	0.00	-1,474.03	0.00
0620425B	01/24/11	01/31/11			01	U	1,474.03	1,474.03	0.00	1,474.03	0.00
0620428	01/24/11	01/31/11			01	U	1,761.79	1,761.79	0.00	1,761.79	0.00
0620428A	01/24/11	01/31/11			01	U	-1,761.79	-1,761.79	0.00	-1,761.79	0.00
0620428B	01/24/11	01/31/11			01	U	1,761.79	1,761.79	0.00	1,761.79	0.00
0620627	01/26/11	02/02/11			01	U	719.23	719.23	0.00	719.23	0.00
0620627A	01/26/11	02/02/11			01	U	-719.23	-719.23	0.00	-719.23	0.00
0620627B	01/26/11	02/02/11			01	U	719.23	719.23	0.00	719.23	0.00
0620630	01/26/11	02/02/11			01	U	719.23	719.23	0.00	719.23	0.00
0620630A	01/26/11	02/02/11			01	U	-719.23	-719.23	0.00	-719.23	0.00
0620630B	01/26/11	02/02/11			01	U	719.23	719.23	0.00	719.23	0.00
0620735B	01/26/11	02/02/11			01	U	177.98	177.98	0.00	177.98	0.00
0620736B	01/26/11	02/02/11			01	U	24.65	24.65	0.00	24.65	0.00
0620876B	01/26/11	02/02/11			01	U	20.58	20.58	0.00	20.58	0.00
0620877B	01/26/11	02/02/11			01	U	128.55	128.55	0.00	128.55	0.00
0621411	01/31/11	02/07/11			01	U	20.24	20.24	0.00	20.24	0.00
0610049	11/17/10	11/24/10			01	U	196.29	196.29	0.00	196.29	0.00
0610067	11/17/10	11/24/10			01	U	19.40	19.40	0.00	19.40	0.00
0610097	11/17/10	11/24/10			01	U	6.02	6.02	0.00	6.02	0.00
0610160	11/17/10	11/24/10			01	U	310.33	310.33	0.00	310.33	0.00
0610179	11/17/10	11/24/10			01	U	35.78	35.78	0.00	35.78	0.00
0610357	11/19/10	11/26/10			01	U	935.03	935.03	0.00	935.03	0.00
0610629	11/22/10	11/29/10			01	U	249.91	249.91	0.00	249.91	0.00
0610631	11/22/10	11/29/10			01	U	230.79	230.79	0.00	230.79	0.00

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0610693	11/22/10	11/29/10			01	U	20.28	20.28	0.00	20.28	0.00
0610740	11/22/10	11/29/10			01	U	34.74	34.74	0.00	34.74	0.00
0610815	11/22/10	11/29/10			01	U	2,226.02	2,226.02	0.00	2,226.02	0.00
0611391	11/29/10	12/06/10			01	U	755.66	755.66	0.00	755.66	0.00
0611392	11/29/10	12/06/10			01	U	144.62	144.62	0.00	144.62	0.00
0611424	11/29/10	12/06/10			01	U	85.52	85.52	0.00	85.52	0.00
0611478	11/29/10	12/06/10			01	U	6.02	6.02	0.00	6.02	0.00
0611510	11/29/10	12/06/10			01	U	6.02	6.02	0.00	6.02	0.00
0611619	11/29/10	12/06/10			01	U	935.31	935.31	0.00	935.31	0.00
0611648	11/29/10	12/06/10			01	U	2,314.16	229.91	0.00	229.91	0.00
0611778	11/30/10	12/07/10			01	U	218.49	218.49	0.00	218.49	0.00
0611945	12/01/10	12/08/10			01	U	278.78	278.78	0.00	278.78	0.00
0612024	12/01/10	12/08/10			01	U	357.87	357.87	0.00	357.87	0.00
0612175	12/01/10	12/08/10			01	U	348.78	348.78	0.00	348.78	0.00
0612628	12/06/10	12/13/10			01	U	293.77	293.77	0.00	293.77	0.00
0612825	12/06/10	12/13/10			01	U	2,466.53	2,466.53	0.00	2,466.53	0.00
0612828	12/06/10	12/13/10			01	U	952.34	952.34	0.00	952.34	0.00
0613124	12/08/10	12/15/10			01	U	24.65	0.31	0.00	0.31	0.00
0613208	12/08/10	12/15/10			01	U	10.01	10.01	0.00	10.01	0.00
0613752	12/13/10	12/20/10			01	U	158.85	158.85	0.00	158.85	0.00
0613753	12/13/10	12/20/10			01	U	354.49	354.49	0.00	354.49	0.00
0613829	12/13/10	12/20/10			01	U	397.60	397.60	0.00	397.60	0.00
0613964	12/13/10	12/20/10			01	U	56.56	56.56	0.00	56.56	0.00
0614257	12/15/10	12/22/10			01	U	16.47	16.47	0.00	16.47	0.00
0614348	12/15/10	12/22/10			01	U	100.24	100.24	0.00	100.24	0.00
0614349	12/15/10	12/22/10			01	U	23.52	23.52	0.00	23.52	0.00
0614434	12/15/10	12/22/10			01	U	229.62	229.62	0.00	229.62	0.00
0614899	12/20/10	12/27/10			01	U	165.69	165.69	0.00	165.69	0.00
0614997	12/20/10	12/27/10			01	U	15.86	15.86	0.00	15.86	0.00
0615114	12/20/10	12/27/10			01	U	1,981.92	1,981.92	0.00	1,981.92	0.00
0615117	12/20/10	12/27/10			01	U	1,871.59	1,871.59	0.00	1,871.59	0.00
0615425	12/22/10	12/29/10			01	U	594.37	594.37	0.00	594.37	0.00
0615594	12/22/10	12/29/10			01	U	92.41	92.41	0.00	92.41	0.00
0615899	12/27/10	01/03/11			01	U	135.61	135.61	0.00	135.61	0.00
0615920	12/27/10	01/03/11			01	U	12.49	12.49	0.00	12.49	0.00
0616170	12/28/10	01/04/11			01	U	38.34	38.34	0.00	38.34	0.00
0616355	12/29/10	01/05/11			01	U	23.11	23.11	0.00	23.11	0.00
0616483	12/29/10	01/05/11			01	U	311.58	311.58	0.00	311.58	0.00
0616869	01/03/11	01/10/11			01	U	59.05	59.05	0.00	59.05	0.00
0616970	01/03/11	01/10/11			01	U	1,922.40	1,922.40	0.00	1,922.40	0.00
0616972	01/03/11	01/10/11			01	U	1,464.74	1,464.74	0.00	1,464.74	0.00
0616983	01/03/11	01/10/11			01	U	154.67	154.67	0.00	154.67	0.00
0617202	01/05/11	01/12/11			01	U	359.92	359.92	0.00	359.92	0.00
0617225	01/05/11	01/12/11			01	U	5.06	5.06	0.00	5.06	0.00
0617311	01/05/11	01/12/11			01	U	30.08	30.08	0.00	30.08	0.00

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0617822	01/10/11	01/17/11			01	U	84.97	84.97	0.00	84.97	0.00
0617850	01/10/11	01/17/11			01	U	5.06	5.06	0.00	5.06	0.00
0617911	01/10/11	01/17/11			01	U	176.09	176.09	0.00	176.09	0.00
0618372	01/12/11	01/19/11			01	U	293.85	293.85	0.00	293.85	0.00
0618373	01/12/11	01/19/11			01	U	9.07	9.07	0.00	9.07	0.00
0621438	01/31/11	02/07/11			01	U	36.35	36.35	0.00	36.35	0.00
0621476	01/31/11	02/07/11			01	U	15.59	15.59	0.00	15.59	0.00
0621641	01/31/11	02/07/11			01	U	1,649.35	1,649.35	0.00	1,649.35	0.00
0621681	01/31/11	02/07/11			01	U	59.05	59.05	0.00	59.05	0.00
0622418	02/07/11	02/14/11			01	U	9.60	9.60	0.00	9.60	0.00
0622552	02/07/11	02/14/11			01	U	1,273.48	1,273.48	0.00	1,273.48	0.00
0622558	02/07/11	02/14/11			01	U	36.53	36.53	0.00	36.53	0.00
0622577	02/07/11	02/14/11			01	U	214.44	214.44	0.00	214.44	0.00
0623491	02/14/11	02/21/11			01	U	83.50	83.50	0.00	83.50	0.00
0623547	02/14/11	02/21/11			01	U	14.66	14.66	0.00	14.66	0.00
0623548	02/14/11	02/21/11			01	U	16.40	16.40	0.00	16.40	0.00
0623559	02/14/11	02/21/11			01	U	17.81	17.81	0.00	17.81	0.00
0623644	02/14/11	02/21/11			01	U	788.11	788.11	0.00	788.11	0.00
0623963	02/16/11	02/23/11			01	U	61.91	61.91	0.00	61.91	0.00
0624018	02/16/11	02/23/11			01	U	115.19	115.19	0.00	115.19	0.00
0624237	02/16/11	02/23/11			01	U	540.28	540.28	0.00	540.28	0.00
0624746	02/21/11	02/28/11			01	U	3,003.94	3,003.94	0.00	3,003.94	0.00
0624813	02/21/11	02/28/11			01	U	101.36	101.36	0.00	101.36	0.00
0624899	02/21/11	02/28/11			01	U	1,537.88	1,537.88	0.00	1,537.88	0.00
0624900	02/21/11	02/28/11			01	U	18.19	18.19	0.00	18.19	0.00
0624906	02/21/11	02/28/11			01	U	181.36	181.36	0.00	181.36	0.00
0625135	02/23/11	03/02/11			01	U	7.95	7.95	0.00	7.95	0.00
0625878	02/28/11	03/07/11			01	U	76.58	76.58	0.00	76.58	0.00
0625959	02/28/11	03/07/11			01	U	77.61	77.61	0.00	77.61	0.00
0626095	02/28/11	03/07/11			01	U	1,506.21	1,506.21	0.00	1,506.21	0.00
0626096	02/28/11	03/07/11			01	U	1,116.34	1,116.34	0.00	1,116.34	0.00
0626387	03/02/11	03/09/11			01	U	7.95	7.95	0.00	7.95	0.00
0626498	03/02/11	03/09/11			01	U	14.18	14.18	0.00	14.18	0.00
0627088	03/07/11	03/14/11			01	U	280.51	280.51	0.00	280.51	0.00
0627200	03/07/11	03/14/11			01	U	1,520.63	1,520.63	0.00	1,520.63	0.00
0627203	03/07/11	03/14/11			01	U	1,034.49	1,034.49	0.00	1,034.49	0.00
0627451	03/09/11	03/16/11			01	U	6.02	6.02	0.00	6.02	0.00
0627539	03/09/11	03/16/11			01	U	10.29	10.29	0.00	10.29	0.00
0627622	03/09/11	03/16/11			01	U	442.18	442.18	0.00	442.18	0.00
0628096	03/14/11	03/21/11			01	U	104.76	104.76	0.00	104.76	0.00
0628124	03/14/11	03/21/11			01	U	79.95	79.95	0.00	79.95	0.00
0628217	03/14/11	03/21/11			01	U	1,601.58	1,601.58	0.00	1,601.58	0.00
0628453	03/16/11	03/23/11			01	U	28.32	28.32	0.00	28.32	0.00
0628520	03/16/11	03/23/11			01	U	28.92	28.92	0.00	28.92	0.00
0628548	03/16/11	03/23/11			01	U	6.02	6.02	0.00	6.02	0.00

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0628674	03/16/11	03/23/11			01	U	1,005.76	1,005.76	0.00	1,005.76	0.00
0629109	03/21/11	03/28/11			01	U	9.96	9.96	0.00	9.96	0.00
0629152	03/21/11	03/28/11			01	U	19.92	19.92	0.00	19.92	0.00
0629246	03/21/11	03/28/11			01	U	1,303.41	1,303.41	0.00	1,303.41	0.00
0629247	03/21/11	03/28/11			01	U	1,203.92	1,203.92	0.00	1,203.92	0.00
0629265	02/25/11	03/04/11			01	U	-322.08	-322.08	0.00	-322.08	0.00
0629267	02/25/11	03/04/11			01	U	-322.08	-322.08	0.00	-322.08	0.00
0629268	02/25/11	03/04/11			01	U	-322.08	-322.08	0.00	-322.08	0.00
0629269	02/25/11	03/04/11			01	U	-322.08	-322.08	0.00	-322.08	0.00
0629468	03/23/11	03/30/11			01	U	226.69	226.69	0.00	226.69	0.00
0629531	03/23/11	03/30/11			01	U	4.27	4.27	0.00	4.27	0.00
0629611	03/23/11	03/30/11			01	U	82.02	82.02	0.00	82.02	0.00
0630071	03/28/11	04/04/11			01	U	41.35	41.35	0.00	41.35	0.00
0630106	03/28/11	04/04/11			01	U	71.46	71.46	0.00	71.46	0.00
0630207	03/28/11	04/04/11			01	U	1,567.03	1,567.03	0.00	1,567.03	0.00
0631106	04/04/11	04/11/11			01	U	107.97	107.97	0.00	107.97	0.00
0631128	04/04/11	04/11/11			01	U	4.27	4.27	0.00	4.27	0.00
0631165	04/04/11	04/11/11			01	U	16.40	16.40	0.00	16.40	0.00
1735921	06/28/11	07/05/11			01	U	989.64	989.64	0.00	989.64	0.00
1741267	07/05/11	07/12/11			01	U	1,650.95	1,650.95	0.00	1,650.95	0.00
1743222	07/07/11	07/14/11			01	U	370.32	370.32	0.00	370.32	0.00
1746318	07/12/11	07/19/11			01	U	95.48	95.48	0.00	95.48	0.00
1746957	07/12/11	07/19/11			01	U	1,240.16	1,240.16	0.00	1,240.16	0.00
1752664	07/19/11	07/26/11			01	U	620.05	620.05	0.00	620.05	0.00
1752841	07/19/11	07/26/11			01	U	36.53	36.53	0.00	36.53	0.00
1757991	07/26/11	08/02/11			01	U	4.90	4.90	0.00	4.90	0.00
1758501	07/26/11	08/02/11			01	U	1,710.04	1,710.04	0.00	1,710.04	0.00
1764130	08/02/11	08/09/11			01	U	1,662.11	1,662.11	0.00	1,662.11	0.00
1766030	08/04/11	08/11/11			01	U	111.85	111.85	0.00	111.85	0.00
1766841	08/04/11	08/11/11			01	U	9.80	9.80	0.00	9.80	0.00
1769724	08/09/11	08/16/11			01	U	1,675.66	1,675.66	0.00	1,675.66	0.00
1775406	08/16/11	08/23/11			01	U	1,144.01	1,144.01	0.00	1,144.01	0.00
1777948	08/18/11	08/25/11			01	U	61.41	61.41	0.00	61.41	0.00
1781378	08/23/11	08/30/11			01	U	1,592.72	1,592.72	0.00	1,592.72	0.00
1787062	08/30/11	09/06/11			01	U	1,486.21	1,486.21	0.00	1,486.21	0.00
1789582	09/01/11	09/08/11			01	U	275.99	275.99	0.00	275.99	0.00
1792051	09/06/11	09/13/11			01	U	2,407.37	2,407.37	0.00	2,407.37	0.00
1792238	09/06/11	09/13/11			01	U	166.86	10.62	0.00	10.62	0.00
1793915	09/08/11	09/15/11			01	U	12.08	12.08	0.00	12.08	0.00
1797157	09/23/11	09/30/11			01	U	1.86	1.86	0.00	1.86	0.00
1797683	09/13/11	09/20/11			01	U	1,527.52	1,527.52	0.00	1,527.52	0.00
1800347	09/15/11	09/22/11			01	U	272.12	272.12	0.00	272.12	0.00
1803267	09/20/11	09/27/11			01	U	22.05	22.05	0.00	22.05	0.00
1803654	09/20/11	09/27/11			01	U	2,433.79	2,433.79	0.00	2,433.79	0.00
1809587	09/27/11	10/04/11			01	U	1,174.33	1,174.33	0.00	1,174.33	0.00

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1811730	09/29/11	10/06/11			01	U	36.53	36.53	0.00	36.53	0.00
1817084	10/04/11	10/11/11			01	U	21.93	21.93	0.00	21.93	0.00
1817608	10/04/11	10/11/11			01	U	1,662.54	1,662.54	0.00	1,662.54	0.00
1818255	10/06/11	10/13/11			01	U	6.89	6.89	0.00	6.89	0.00
1818709	10/06/11	10/13/11			01	U	97.75	97.75	0.00	97.75	0.00
1821558	10/11/11	10/18/11			01	U	98.28	98.28	0.00	98.28	0.00
1821709	10/11/11	10/18/11			01	U	103.17	103.17	0.00	103.17	0.00
1821976	10/11/11	10/18/11			01	U	1,262.00	1,262.00	0.00	1,262.00	0.00
1828144	10/18/11	11/02/11			01	U	2,268.73	2,268.73	0.00	2,268.73	0.00
1830010	10/20/11	10/27/11			01	U	4.10	4.10	0.00	4.10	0.00
1830103	10/20/11	10/27/11			01	U	4.10	4.10	0.00	4.10	0.00
1830324	10/20/11	10/27/11			01	U	12.31	12.31	0.00	12.31	0.00
1830532	10/20/11	10/27/11			01	U	27.25	27.25	0.00	27.25	0.00
1830533	10/20/11	10/27/11			01	U	36.53	36.53	0.00	36.53	0.00
1830546	10/20/11	10/27/11			01	U	39.33	39.33	0.00	39.33	0.00
1833581	10/19/11	10/26/11			01	U	27.25	27.25	0.00	27.25	0.00
1833583	10/25/11	11/01/11			01	U	49.17	49.17	0.00	49.17	0.00
1833948	10/25/11	11/01/11			01	U	2,379.30	2,379.30	0.00	2,379.30	0.00
1835931	10/27/11	11/03/11			01	U	-88.45	-88.45	0.00	-88.45	0.00
1839245	11/01/11	11/08/11			01	U	67.41	67.41	0.00	67.41	0.00
1839511	10/20/11	10/27/11			01	U	19.60	19.60	0.00	19.60	0.00
1840043A	11/01/11	11/08/11			01	U	1,660.57	1,660.57	0.00	1,660.57	0.00
1841981	11/03/11	11/10/11			01	U	31.56	12.67	0.00	12.67	0.00
1842259	11/03/11	11/10/11			01	U	235.91	235.91	0.00	235.91	0.00
1845348	11/08/11	11/15/11			01	U	98.28	98.28	0.00	98.28	0.00
1846032	11/08/11	11/15/11			01	U	1,794.38	1,794.38	0.00	1,794.38	0.00
1847928	11/10/11	11/17/11			01	U	41.98	41.98	0.00	41.98	0.00
1860448	11/28/11	12/05/11			01	U	3.97	3.97	0.00	3.97	0.00
2014816	06/05/12	06/12/12			01	U	1,500.63	1,462.37	0.00	1,462.37	0.00
Vendor Total:							-14,085.99	-16,413.82	0.00	-16,413.82	0.00
110455	CHRIS PARKS, CRNA										
113010	11/30/10	11/30/10			01	U	637.81	637.81	0.00	637.81	0.00
120110	12/01/10	12/01/10			01	U	240.00	240.00	0.00	240.00	0.00
Vendor Total:							877.81	877.81	0.00	877.81	0.00
110458	PC CONNECTIONS										
45702019	11/17/09	12/17/09			01	U	835.82	835.82	0.00	835.82	0.00
45771735	12/07/09	01/06/10			01	U	104.73	104.73	0.00	104.73	0.00
Vendor Total:							940.55	940.55	0.00	940.55	0.00

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110465	PHA - PETTY CASH - GRANT ACCT										
032012	03/20/12	03/31/12			01	U	309.23	309.23	0.00	309.23	0.00
052511	05/25/11	05/25/11			01	U	174.80	174.80	0.00	174.80	0.00
063011	06/30/11	06/30/11			01	U	133.57	17.96	0.00	17.96	0.00
082411	08/24/11	08/24/11			01	U	341.64	341.64	0.00	341.64	0.00
083111	08/31/11	08/31/11			01	U	-180.70	-180.70	0.00	-180.70	0.00
093011	09/30/11	09/30/11			01	U	-266.19	-266.19	0.00	-266.19	0.00
100110	10/01/10	10/01/10			01	U	2,688.86	2,688.86	0.00	2,688.86	0.00
103111	10/31/11	10/31/11			01	U	1,324.77	1,324.77	0.00	1,324.77	0.00
113011	11/30/11	11/30/11			01	U	-373.61	-373.61	0.00	-373.61	0.00
123111	12/31/11	12/31/11			01	U	519.46	519.46	0.00	519.46	0.00
Vendor Total:							4,671.83	4,556.22	0.00	4,556.22	0.00
110544	SOMERSET CAPITAL GROUP,LTD										
407062	11/30/09	12/05/09			01	U	1,045.09	1,045.09	0.00	1,045.09	0.00
409953	12/15/09	02/01/10			01	U	2,824.89	2,824.89	0.00	2,824.89	0.00
413382	03/01/10	04/15/10			01	U	2,824.89	2,824.89	0.00	2,824.89	0.00
413842	01/14/10	02/28/10			01	U	169.49	169.49	0.00	169.49	0.00
437386	08/04/10	09/18/10			01	U	296.61	296.61	0.00	296.61	0.00
Vendor Total:							7,160.97	7,160.97	0.00	7,160.97	0.00
110545	SOONER COPY MACHINES, INC										
52851	06/07/12	06/07/12			01	U	150.00	-150.00	0.00	-150.00	0.00
Vendor Total:							150.00	-150.00	0.00	-150.00	0.00
110553	STANDLEY SYSTEMS										
184606	11/17/11	12/17/11			01	U	571.09	469.10	0.00	469.10	0.00
184607	11/17/11	12/17/11			01	U	762.44	762.44	0.00	762.44	0.00
209217	03/16/12	03/31/12			01	U	728.34	728.34	0.00	728.34	0.00
209740	03/20/12	04/04/12			01	U	485.20	485.20	0.00	485.20	0.00
INV185847	11/28/11	12/28/11			01	U	213.91	213.91	0.00	213.91	0.00
INV190598	12/16/11	01/15/12			01	U	528.87	528.87	0.00	528.87	0.00
INV190599	12/16/11	01/15/12			01	U	649.35	649.35	0.00	649.35	0.00
INV191482	12/22/11	12/22/11			01	U	326.98	326.98	0.00	326.98	0.00
INV192376	12/28/11	12/28/11			01	U	196.21	196.21	0.00	196.21	0.00
INV196776	01/17/12	02/16/12			01	U	579.83	579.83	0.00	579.83	0.00
INV196777	01/17/12	02/16/12			01	U	658.07	658.07	0.00	658.07	0.00
INV198739	01/27/12	02/26/12			01	U	166.28	166.28	0.00	166.28	0.00
INV203164	02/16/12	03/17/12			01	U	665.67	665.67	0.00	665.67	0.00
INV203408	02/17/12	03/18/12			01	U	532.75	532.75	0.00	532.75	0.00
INV204902	02/28/12	03/29/12			01	U	203.52	203.52	0.00	203.52	0.00
Vendor Total:							7,268.51	7,166.52	0.00	7,166.52	0.00
110555	STAPLES ADVANTAGE										
3162044054	10/01/11	11/15/11			01	U	385.12	5.12	0.00	5.12	0.00
Vendor Total:							385.12	5.12	0.00	5.12	0.00

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110558	STERILMED, INC.										
1032926	06/28/10	07/28/10			01	U	3,723.00	3,723.00	0.00	3,723.00	0.00
1033366	07/01/10	07/31/10			01	U	245.28	245.28	0.00	245.28	0.00
Vendor Total:							3,968.28	3,968.28	0.00	3,968.28	0.00
110559	STERIS CORPORATION										
58137238	10/27/09	10/27/09			01	U	307.50	307.50	0.00	307.50	0.00
Vendor Total:							307.50	307.50	0.00	307.50	0.00
110561	DON STOLZEBACH										
10-0613	06/14/10	06/14/10			01	U	1,168.00	584.00	0.00	584.00	0.00
Vendor Total:							1,168.00	584.00	0.00	584.00	0.00
110565	STRYKER ENDOSCOPY										
3803369-E	05/18/11	06/17/11			01	U	-337.47	-337.47	0.00	-337.47	0.00
Vendor Total:							-337.47	-337.47	0.00	-337.47	0.00
110571	SURGICAL ADVANTAGE										
312537	05/07/09	06/06/09			01	U	133.30	133.30	0.00	133.30	0.00
329923B	01/24/11	02/23/11			01	U	169.88	169.88	0.00	169.88	0.00
330495	02/15/11	03/17/11			01	U	42.80	42.80	0.00	42.80	0.00
582	05/20/09	06/19/09			01	U	-752.55	-752.55	0.00	-752.55	0.00
Vendor Total:							-406.57	-406.57	0.00	-406.57	0.00
110580	ALAN TAYLOR										
013111B	01/31/11	01/31/11			01	U	165.00	165.00	0.00	165.00	0.00
032311	03/23/11	03/23/11			01	U	125.00	125.00	0.00	125.00	0.00
Vendor Total:							290.00	290.00	0.00	290.00	0.00
110593	TRAILBLAZER HEALTH ENTERPRISES										
121710 282	12/17/10	12/17/10			01	U	17,340.45	17,340.45	0.00	17,340.45	0.00
122010 363	12/20/10	12/20/10			01	U	34,115.59	34,115.59	0.00	34,115.59	0.00
Vendor Total:							51,456.04	51,456.04	0.00	51,456.04	0.00
110599	TSG PHYSICIANS										
080811CASH	08/31/11	08/31/11			01	U	3,500.00	3,500.00	0.00	3,500.00	0.00
JUNINTERCO	08/01/11	08/01/11			01	U	1,124.00	1,124.00	0.00	1,124.00	0.00
Vendor Total:							4,624.00	4,624.00	0.00	4,624.00	0.00

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110600	THE T SYSTEM, INC.										
5700244807	09/01/10	10/01/10			01	U	919.00	919.00	0.00	919.00	0.00
5700246553	10/01/10	10/31/10			01	U	919.00	919.00	0.00	919.00	0.00
5700248282	11/01/10	12/01/10			01	U	919.00	919.00	0.00	919.00	0.00
5700250185	12/01/10	12/31/10			01	U	919.00	919.00	0.00	919.00	0.00
5700253996	01/01/11	02/01/11			01	U	919.00	919.00	0.00	919.00	0.00
5700255852	02/01/11	03/03/11			01	U	919.00	919.00	0.00	919.00	0.00
5700258132	03/01/11	04/01/11			01	U	919.00	919.00	0.00	919.00	0.00
5700259980	04/01/11	05/01/11			01	U	919.00	919.00	0.00	919.00	0.00
5700261845	05/01/11	05/31/11			01	U	919.00	919.00	0.00	919.00	0.00
5700263661	06/01/11	07/01/11			01	U	919.00	919.00	0.00	919.00	0.00
Vendor Total:							9,190.00	9,190.00	0.00	9,190.00	0.00
910026	Alcon Laboratories, Inc Acct#100183523										
9658814358	10/13/20	11/12/20			06	U	3,532.92	3,532.92	0.00	3,532.92	0.00
Vendor Total:							3,532.92	3,532.92	0.00	3,532.92	0.00
910053	ANGELICA -DALLAS										
2100290728	10/17/20	10/24/20			06	U	3,025.64	3,025.64	0.00	3,025.64	0.00
2100290729	10/17/20	10/24/20			06	U	501.79	501.79	0.00	501.79	0.00
Vendor Total:							3,527.43	3,527.43	0.00	3,527.43	0.00
910067	AT&T #405.247.5004										
10204052475004	10/19/20	11/09/20			06	U	42.49	42.49	0.00	42.49	0.00
Vendor Total:							42.49	42.49	0.00	42.49	0.00

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910125	Cardinal Health										
595368	10/22/20	10/22/20			06	U	2,417.80	2,417.80	0.00	2,417.80	0.00
595373	10/22/20	10/22/20			06	U	1,333.93	1,333.93	0.00	1,333.93	0.00
595391	10/22/20	10/22/20			06	U	328.74	328.74	0.00	328.74	0.00
597018	10/22/20	10/22/20			06	U	1,720.97	1,720.97	0.00	1,720.97	0.00
597019	10/22/20	10/22/20			06	U	9.08	9.08	0.00	9.08	0.00
600781	10/23/20	10/23/20			06	U	1,713.02	1,713.02	0.00	1,713.02	0.00
600782	10/23/20	10/23/20			06	U	23.87	23.87	0.00	23.87	0.00
601147	10/23/20	10/23/20			06	U	321.30	321.30	0.00	321.30	0.00
601149	10/23/20	10/23/20			06	U	1,380.30	1,380.30	0.00	1,380.30	0.00
557007	10/07/20	10/07/20			06	U	569.77	569.77	0.00	569.77	0.00
568233	10/12/20	10/12/20			06	U	3,449.45	3,449.45	0.00	3,449.45	0.00
568234	10/12/20	10/12/20			06	U	461.30	461.30	0.00	461.30	0.00
568236	10/13/20	10/13/20			06	U	1,380.30	1,380.30	0.00	1,380.30	0.00
572497	10/13/20	10/13/20			06	U	3,152.90	3,152.90	0.00	3,152.90	0.00
572498	10/13/20	10/13/20			06	U	8.44	8.44	0.00	8.44	0.00
585384	10/19/20	10/19/20			06	U	1,713.16	1,713.16	0.00	1,713.16	0.00
585385	10/19/20	10/19/20			06	U	14.83	14.83	0.00	14.83	0.00
585386	10/19/20	10/19/20			06	U	1.50	1.50	0.00	1.50	0.00
586130	10/19/20	10/19/20			06	U	1,412.17	1,412.17	0.00	1,412.17	0.00
586131	10/19/20	10/19/20			06	U	148.30	148.30	0.00	148.30	0.00
586753	10/19/20	10/19/20			06	U	103.82	103.82	0.00	103.82	0.00
590294	10/20/20	10/20/20			06	U	963.62	963.62	0.00	963.62	0.00
590295	10/20/20	10/20/20			06	U	384.63	384.63	0.00	384.63	0.00
Vendor Total:							23,013.20	23,013.20	0.00	23,013.20	0.00
910166	CULLIGAN WATER CONDITIONING										
35502	10/25/20	11/24/20			06	U	186.14	186.14	0.00	186.14	0.00
Vendor Total:							186.14	186.14	0.00	186.14	0.00
910198	EMPIRE PAPER COMPANY INC										
0606357	10/22/20	11/21/20			06	U	507.13	507.13	0.00	507.13	0.00
Vendor Total:							507.13	507.13	0.00	507.13	0.00
910209	FISHER HEALTHCARE										
1461048	10/20/20	11/19/20			06	U	60.21	60.21	0.00	60.21	0.00
1262368	10/16/20	11/15/20			06	U	182.83	182.83	0.00	182.83	0.00
Vendor Total:							243.04	243.04	0.00	243.04	0.00
910219	FIRST PHYSICIANS REALTY GROUP										
TAX2012	02/28/13	03/30/13			01	U	15,002.79	15,002.79	0.00	15,002.79	0.00
2013TAX	01/29/14	01/29/14			01	U	14,374.00	14,374.00	0.00	14,374.00	0.00
042315-PHA	04/23/15	04/23/15			01	U	13,309.36	13,309.36	0.00	13,309.36	0.00
Vendor Total:							42,686.15	42,686.15	0.00	42,686.15	0.00

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910373	MEDLINE INDUSTRIES, INC.										
1927819261	10/17/20	11/16/20			06	U	26.99	26.99	0.00	26.99	0.00
1927819262	10/17/20	11/16/20			06	U	9,937.13	9,937.13	0.00	9,937.13	0.00
1928062726	10/20/20	11/19/20			06	U	69.82	69.82	0.00	69.82	0.00
1928344393	10/22/20	11/21/20			06	U	394.16	394.16	0.00	394.16	0.00
1928541880	10/23/20	11/22/20			06	U	117.52	117.52	0.00	117.52	0.00
1927819264	10/17/20	11/16/20			06	U	143.24	143.24	0.00	143.24	0.00
1928226307	10/21/20	11/20/20			06	U	35.73	35.73	0.00	35.73	0.00
1927000488	10/10/20	11/09/20			06	U	10.91	10.91	0.00	10.91	0.00
1927000489	10/10/20	11/09/20			06	U	18.18	18.18	0.00	18.18	0.00
1927000490	10/10/20	11/09/20			06	U	19.40	19.40	0.00	19.40	0.00
1927234687	10/13/20	11/12/20			06	U	105.39	105.39	0.00	105.39	0.00
1927234689	10/13/20	11/12/20			06	U	17.61	17.61	0.00	17.61	0.00
Vendor Total:							10,896.08	10,896.08	0.00	10,896.08	0.00
910419	OFFICE DEPOT, INC.										
117273950001	08/20/20	09/19/20			06	U	271.22	271.22	0.00	271.22	0.00
117379801001	08/20/20	09/19/20			06	U	190.86	190.86	0.00	190.86	0.00
117273974001	08/20/20	09/19/20			06	U	-271.22	-271.22	0.00	-271.22	0.00
117379953001	08/20/20	09/19/20			06	U	-190.86	-190.86	0.00	-190.86	0.00
130999302001	10/19/20	11/18/20			06	U	217.28	217.28	0.00	217.28	0.00
131039420001	10/19/20	11/18/20			06	U	304.96	304.96	0.00	304.96	0.00
131044831001	10/19/20	11/18/20			06	U	259.23	259.23	0.00	259.23	0.00
131114659001	10/19/20	11/18/20			06	U	314.09	314.09	0.00	314.09	0.00
131125283001	10/19/20	11/18/20			06	U	2.28	2.28	0.00	2.28	0.00
131126171001	10/19/20	11/18/20			06	U	2.27	2.27	0.00	2.27	0.00
131042396001	10/19/20	10/26/20			06	U	54.73	54.73	0.00	54.73	0.00
131011200001	10/19/20	11/18/20			06	U	-217.28	-217.28	0.00	-217.28	0.00
131040426001	10/19/20	11/18/20			06	U	-304.96	-304.96	0.00	-304.96	0.00
131043245001	10/19/20	11/18/20			06	U	-54.73	-54.73	0.00	-54.73	0.00
131054775001	10/19/20	11/18/20			06	U	-259.23	-259.23	0.00	-259.23	0.00
131115056001	10/19/20	11/18/20			06	U	-314.09	-314.09	0.00	-314.09	0.00
131126534001	10/19/20	11/18/20			06	U	-2.28	-2.28	0.00	-2.28	0.00
131127297001	10/19/20	11/18/20			06	U	-2.27	-2.27	0.00	-2.27	0.00
Vendor Total:							0.00	0.00	0.00	0.00	0.00
910432	OKLAHOMA NATURAL GAS COMPANY										
1020139350982	10/14/20	10/29/20			06	U	97.15	97.15	0.00	97.15	0.00
Vendor Total:							97.15	97.15	0.00	97.15	0.00
910433	OKLAHOMA NATURAL GAS COMPANY										
1020139351000	10/14/20	10/29/20			06	U	37.19	37.19	0.00	37.19	0.00
Vendor Total:							37.19	37.19	0.00	37.19	0.00
910436	OKLAHOMA NATURAL GAS COMPANY										
1020208356382	10/14/20	10/29/20			06	U	41.76	41.76	0.00	41.76	0.00
Vendor Total:							41.76	41.76	0.00	41.76	0.00

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910437	OKLAHOMA NATURAL GAS CO										
1020208356400	10/14/20	10/29/20			06	U	41.06	41.06	0.00	41.06	0.00
1020139350864	10/14/20	10/29/20			06	U	292.28	292.28	0.00	292.28	0.00
Vendor Total:							333.34	333.34	0.00	333.34	0.00
910452	OWENS and MINOR										
2059557614	10/13/20	10/28/20			06	U	131.24	131.24	0.00	131.24	0.00
2059557653	10/13/20	10/28/20			06	U	121.63	121.63	0.00	121.63	0.00
2059557654	10/13/20	10/28/20			06	U	108.01	108.01	0.00	108.01	0.00
2059455571	10/08/20	10/23/20			06	U	89.31	89.31	0.00	89.31	0.00
2059383829	10/06/20	10/21/20			06	U	1,157.41	1,157.41	0.00	1,157.41	0.00
Vendor Total:							1,607.60	1,607.60	0.00	1,607.60	0.00
910557	STERICYCLE, INC										
4009672351	11/01/20	12/01/20			06	U	3,919.00	3,919.00	0.00	3,919.00	0.00
Vendor Total:							3,919.00	3,919.00	0.00	3,919.00	0.00
910569	SUDDENLINK (-708068901)										
1020104675013	10/21/20	11/05/20			06	U	162.46	162.46	0.00	162.46	0.00
Vendor Total:							162.46	162.46	0.00	162.46	0.00
910606	US FOOD SERVICE										
4228214	10/16/20	10/31/20			06	U	2,713.32	2,713.32	0.00	2,713.32	0.00
4128236	10/10/20	10/25/20			06	U	32.95	32.95	0.00	32.95	0.00
4289364	10/20/20	11/04/20			06	U	1,701.94	1,701.94	0.00	1,701.94	0.00
4173943	10/13/20	10/28/20			06	U	2,952.17	2,952.17	0.00	2,952.17	0.00
5934813	10/19/20	11/03/20			06	U	-33.07	-33.07	0.00	-33.07	0.00
Vendor Total:							7,367.31	7,367.31	0.00	7,367.31	0.00
910645	GRAINGER										
9685235955	10/15/20	11/14/20			06	U	134.35	134.35	0.00	134.35	0.00
9662925644	09/23/20	10/23/20			06	U	-551.90	-551.90	0.00	-551.90	0.00
Vendor Total:							-417.55	-417.55	0.00	-417.55	0.00
910656	SIZEWISE RENTALS										
CD99162550	10/06/20	11/05/20			06	U	1,171.65	1,171.65	0.00	1,171.65	0.00
CD99163037	10/07/20	11/06/20			06	U	339.73	339.73	0.00	339.73	0.00
CD99166828	10/12/20	11/11/20			06	U	52.56	52.56	0.00	52.56	0.00
CD99166829	10/12/20	11/11/20			06	U	941.87	941.87	0.00	941.87	0.00
CD99166830	10/12/20	11/11/20			06	U	151.37	151.37	0.00	151.37	0.00
CD99172480	10/19/20	11/18/20			06	U	217.60	217.60	0.00	217.60	0.00
CD99172481	10/19/20	11/18/20			06	U	262.80	262.80	0.00	262.80	0.00
Vendor Total:							3,137.58	3,137.58	0.00	3,137.58	0.00
910660	ALIMED, INC.										
RPSV03449587	10/19/20	11/03/20			06	U	101.02	101.02	0.00	101.02	0.00
Vendor Total:							101.02	101.02	0.00	101.02	0.00

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910672	OKLAHOMA DEPT OF LABOR										
10192020	10/21/20	11/20/20			06	U	100.00	100.00	0.00	100.00	0.00
Vendor Total:							100.00	100.00	0.00	100.00	0.00
910695	HEALTHLAND										
L2010087198	10/08/20	10/08/20			06	U	12,931.43	12,931.43	0.00	12,931.43	0.00
L2010157198	10/15/20	10/15/20			06	U	1,275.00	1,275.00	0.00	1,275.00	0.00
Vendor Total:							14,206.43	14,206.43	0.00	14,206.43	0.00
910703	ONE CURA WELLNESS (WIRE ONLY)										
OCW090120	08/31/20	08/31/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW100120	10/01/20	10/01/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW060120	05/26/20	05/26/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW070120	06/30/20	06/30/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW080120	07/30/20	07/30/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OWC033120	03/31/20	03/31/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
OCW050120	04/30/20	04/30/20			06	U	62,500.00	62,500.00	0.00	62,500.00	0.00
Vendor Total:							437,500.00	437,500.00	0.00	437,500.00	0.00
910725	AMERIPATH OKLAHOMA CITY										
20200927	09/27/20	10/27/20			06	U	1,944.20	1,944.20	0.00	1,944.20	0.00
Vendor Total:							1,944.20	1,944.20	0.00	1,944.20	0.00
910733	Hill-Rom										
1157447	10/13/20	11/12/20			06	U	465.38	465.38	0.00	465.38	0.00
2332241	10/31/20	11/30/20			06	U	410.63	410.63	0.00	410.63	0.00
2334122	10/31/20	11/30/20			06	U	679.34	679.34	0.00	679.34	0.00
2335819	10/31/20	11/30/20			06	U	2,939.20	2,939.20	0.00	2,939.20	0.00
2342603	10/31/20	11/30/20			06	U	1,380.80	1,380.80	0.00	1,380.80	0.00
2343791	10/31/20	11/30/20			06	U	881.47	881.47	0.00	881.47	0.00
2345569	10/31/20	11/30/20			06	U	251.85	251.85	0.00	251.85	0.00
Vendor Total:							7,008.67	7,008.67	0.00	7,008.67	0.00
910739	Tri-anim Health Services										
64269245	10/16/20	11/15/20			06	U	160.10	160.10	0.00	160.10	0.00
Vendor Total:							160.10	160.10	0.00	160.10	0.00
910866	KCI USA										
29800361	10/16/20	11/15/20			06	U	960.15	960.15	0.00	960.15	0.00
29803466	10/16/20	11/15/20			06	U	960.15	960.15	0.00	960.15	0.00
29828696	10/15/20	11/14/20			06	U	1,280.20	1,280.20	0.00	1,280.20	0.00
29801053	10/19/20	11/18/20			06	U	320.05	320.05	0.00	320.05	0.00
29815609	10/25/20	11/24/20			06	U	192.03	192.03	0.00	192.03	0.00
29827661	10/29/20	11/28/20			06	U	704.11	704.11	0.00	704.11	0.00
Vendor Total:							4,416.69	4,416.69	0.00	4,416.69	0.00

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910874	Smith & Son Building Center										
1069164	10/20/20	10/20/20			06	U	46.74	46.74	0.00	46.74	0.00
1069338	10/21/20	10/21/20			06	U	43.05	43.05	0.00	43.05	0.00
1069441	10/22/20	10/22/20			06	U	18.59	18.59	0.00	18.59	0.00
Vendor Total:							108.38	108.38	0.00	108.38	0.00
910914	GRADY MEMORIAL HOSPITAL										
G001227536	10/21/20	11/20/20			06	U	6,495.00	6,495.00	0.00	6,495.00	0.00
Vendor Total:							6,495.00	6,495.00	0.00	6,495.00	0.00
910944	ULINE										
125244434	10/08/20	11/07/20			06	U	588.98	588.98	0.00	588.98	0.00
Vendor Total:							588.98	588.98	0.00	588.98	0.00
910961	E.T.C (Elaine's Transportation Co)										
99714	10/15/20	10/15/20			06	U	562.00	562.00	0.00	562.00	0.00
99715	10/15/20	10/15/20			06	U	865.00	865.00	0.00	865.00	0.00
99725	10/20/20	10/20/20			06	U	840.00	840.00	0.00	840.00	0.00
99718	10/16/20	10/16/20			06	U	420.00	420.00	0.00	420.00	0.00
99719	10/16/20	10/16/20			06	U	390.00	390.00	0.00	390.00	0.00
99721	10/19/20	10/19/20			06	U	1,195.00	1,195.00	0.00	1,195.00	0.00
99726	10/20/20	10/20/20			06	U	726.00	726.00	0.00	726.00	0.00
Vendor Total:							4,998.00	4,998.00	0.00	4,998.00	0.00
911087	ENCORE ENERGY SERVICES , INC										
0036807-0	10/09/20	10/09/20			06	U	589.73	589.73	0.00	589.73	0.00
Vendor Total:							589.73	589.73	0.00	589.73	0.00
911098	Anesthesia Service										
71620	10/19/20	11/18/20			06	U	121.17	121.17	0.00	121.17	0.00
Vendor Total:							121.17	121.17	0.00	121.17	0.00
911101	Fujifilm Medical Systems Endoscopy Divis										
91061822	09/17/20	10/17/20			06	U	506.17	506.17	0.00	506.17	0.00
Vendor Total:							506.17	506.17	0.00	506.17	0.00
911106	EPIMED										
37063-USA	10/12/20	11/11/20			06	U	131.67	131.67	0.00	131.67	0.00
Vendor Total:							131.67	131.67	0.00	131.67	0.00
911111	PRECISION LENS										
070277401	10/16/20	11/15/20			06	U	824.00	824.00	0.00	824.00	0.00
Vendor Total:							824.00	824.00	0.00	824.00	0.00
911115	GLAUKOS CORPORATION										
10010014785	10/06/20	11/05/20			06	U	27,264.00	27,264.00	0.00	27,264.00	0.00
Vendor Total:							27,264.00	27,264.00	0.00	27,264.00	0.00
911121	ABBOTT DIABETES CARE SALES CORP										
612836329	10/15/20	11/14/20			06	U	2,697.63	2,697.63	0.00	2,697.63	0.00
Vendor Total:							2,697.63	2,697.63	0.00	2,697.63	0.00

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911125	COOK MEDICAL										
V20154468	10/12/20	11/11/20			06	U	318.12	318.12	0.00	318.12	0.00
Vendor Total:							318.12	318.12	0.00	318.12	0.00
911160	J & J Health Care Systems, Inc.										
923402019	10/06/20	11/05/20			06	U	401.19	401.19	0.00	401.19	0.00
Vendor Total:							401.19	401.19	0.00	401.19	0.00
911175	MATHESON TRI GAS, INC										
22471071	10/19/20	11/18/20			06	U	1,984.47	1,984.47	0.00	1,984.47	0.00
Vendor Total:							1,984.47	1,984.47	0.00	1,984.47	0.00
911182	Akerman LLP										
9591859	08/11/20	08/11/20			06	U	39,213.56	39,213.56	0.00	39,213.56	0.00
9591852	08/11/20	08/11/20			06	U	11,324.50	11,324.50	0.00	11,324.50	0.00
9584740	07/14/20	07/14/20			06	U	16,672.90	16,672.90	0.00	16,672.90	0.00
9584745	07/14/20	07/14/20			06	U	225.00	225.00	0.00	225.00	0.00
9584744	07/14/20	07/14/20			06	U	15,691.00	15,691.00	0.00	15,691.00	0.00
9577199	06/15/20	06/15/20			06	U	12,613.75	12,613.75	0.00	12,613.75	0.00
9568452	05/18/20	05/18/20			06	U	58,650.00	58,650.00	0.00	58,650.00	0.00
9553569	04/07/20	04/07/20			06	U	104,075.08	104,075.08	0.00	104,075.08	0.00
9544610	03/10/20	03/10/20			06	U	88,216.23	88,216.23	0.00	88,216.23	0.00
9538839	02/18/20	02/18/20			06	U	121,849.47	121,849.47	0.00	121,849.47	0.00
9602687	09/10/20	09/10/20			06	U	16,723.29	16,723.29	0.00	16,723.29	0.00
9530966	01/24/20	01/24/20			06	U	114,804.91	114,804.91	0.00	114,804.91	0.00
Vendor Total:							600,059.69	600,059.69	0.00	600,059.69	0.00
911205	HENRY SCHEIN										
84153829	10/12/20	11/11/20			06	U	62.03	62.03	0.00	62.03	0.00
84387547	10/14/20	11/13/20			06	U	225.81	225.81	0.00	225.81	0.00
84721173	10/19/20	11/18/20			06	U	567.51	567.51	0.00	567.51	0.00
84555134	10/14/20	11/13/20			06	U	195.19	195.19	0.00	195.19	0.00
84721171	10/21/20	11/20/20			06	U	27.34	27.34	0.00	27.34	0.00
84847554	10/21/20	11/20/20			06	U	6,630.88	6,630.88	0.00	6,630.88	0.00
Vendor Total:							7,708.76	7,708.76	0.00	7,708.76	0.00
911206	THE HOME DEPOT PRO										
579788340	10/20/20	11/19/20			06	U	310.10	310.10	0.00	310.10	0.00
579788357	10/20/20	11/19/20			06	U	60.53	60.53	0.00	60.53	0.00
579788365	10/20/20	11/19/20			06	U	557.37	557.37	0.00	557.37	0.00
578179020	10/12/20	11/11/20			06	U	65.57	65.57	0.00	65.57	0.00
578439937	10/13/20	11/12/20			06	U	107.79	107.79	0.00	107.79	0.00
578439929	10/13/20	11/12/20			06	U	353.98	353.98	0.00	353.98	0.00
578439945	10/13/20	11/12/20			06	U	77.31	77.31	0.00	77.31	0.00
Vendor Total:							1,532.65	1,532.65	0.00	1,532.65	0.00
911213	FIRST CHOICE COFFEE SERVICES										
298189	10/19/20	10/29/20			06	U	293.63	293.63	0.00	293.63	0.00
Vendor Total:							293.63	293.63	0.00	293.63	0.00

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911215	MEDTRONIC USA INC										
2551460129	10/13/20	11/12/20			06	U	-17,892.30	-17,892.30	0.00	-17,892.30	0.00
Vendor Total:							-17,892.30	-17,892.30	0.00	-17,892.30	0.00
911240	Smith & Nephew										
929616912	10/19/20	11/18/20			06	U	2,210.38	2,210.38	0.00	2,210.38	0.00
929617625	10/19/20	11/18/20			06	U	1,320.03	1,320.03	0.00	1,320.03	0.00
Vendor Total:							3,530.41	3,530.41	0.00	3,530.41	0.00
911256	ORGANOGENESIS INC										
SI00963374	10/12/20	11/11/20			06	U	3,750.00	3,750.00	0.00	3,750.00	0.00
SI00963416	10/12/20	11/11/20			06	U	450.00	450.00	0.00	450.00	0.00
Vendor Total:							4,200.00	4,200.00	0.00	4,200.00	0.00

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911257	First Physicians Resources-Anadarko										
0000168-IN	10/25/20	11/24/20			06	U	993,087.20	993,087.20	0.00	993,087.20	0.00
0000159-IN	07/31/20	08/30/20			06	U	1,181,283.98	1,181,283.98	0.00	1,181,283.98	0.00
0000165-IN	09/30/20	10/30/20			06	U	1,231,157.26	1,231,157.26	0.00	1,231,157.26	0.00
0000052-IN	06/30/18	07/10/18			06	U	10,937.54	10,937.54	0.00	10,937.54	0.00
0000053-IN	06/30/18	07/30/18			06	U	8,572.06	8,572.06	0.00	8,572.06	0.00
0000054-IN	06/30/18	07/30/18			06	U	438,645.14	438,645.14	0.00	438,645.14	0.00
0000063-IN	07/14/18	08/13/18			06	U	469,668.43	469,668.43	0.00	469,668.43	0.00
0000065-IN	07/31/18	08/30/18			06	U	17,391.80	17,391.80	0.00	17,391.80	0.00
0000066-IN	07/31/18	08/30/18			06	U	3,223.58	3,223.58	0.00	3,223.58	0.00
0000067-IN	07/31/18	08/30/18			06	U	455,737.75	455,737.75	0.00	455,737.75	0.00
0000050-IN	06/16/18	07/16/18			06	U	430,374.34	430,374.34	0.00	430,374.34	0.00
0000051-IN	06/30/18	07/30/18			06	U	3,597.92	3,597.92	0.00	3,597.92	0.00
0000069-IN	08/11/18	09/10/18			06	U	472,921.56	472,921.56	0.00	472,921.56	0.00
0000071-IN	08/25/18	09/24/18			06	U	467,805.43	467,805.43	0.00	467,805.43	0.00
0000073-IN	08/31/18	09/30/18			06	U	22,764.26	22,764.26	0.00	22,764.26	0.00
0000074-IN	09/08/18	10/08/18			06	U	477,237.24	477,237.24	0.00	477,237.24	0.00
0000112-IN	04/30/19	05/30/19			06	U	1,188,891.32	1,188,891.32	0.00	1,188,891.32	0.00
0000116-IN	05/31/19	06/30/19			06	U	1,221,790.67	1,221,790.67	0.00	1,221,790.67	0.00
0000120-IN	06/30/19	07/30/19			06	U	1,066,823.02	1,066,823.02	0.00	1,066,823.02	0.00
0000086-IN	11/17/18	12/17/18			06	U	478,036.77	478,036.77	0.00	478,036.77	0.00
0000108-IN	03/31/19	04/30/19			06	U	1,048,617.40	1,048,617.40	0.00	1,048,617.40	0.00
0000076-IN	09/30/18	10/30/18			06	U	456,414.10	456,414.10	0.00	456,414.10	0.00
0000078-IN	09/30/18	10/30/18			06	U	6,493.06	6,493.06	0.00	6,493.06	0.00
0000083-IN	10/31/18	11/30/18			06	U	2,385.00	2,385.00	0.00	2,385.00	0.00
0000081-IN	10/31/18	11/30/18			06	U	456,867.30	456,867.30	0.00	456,867.30	0.00
0000079-IN	10/06/18	11/05/18			06	U	478,045.25	478,045.25	0.00	478,045.25	0.00
0000084-IN	11/03/18	12/03/18			06	U	478,678.42	478,678.42	0.00	478,678.42	0.00
0000088-IN	11/30/18	12/30/18			06	U	4,642.86	4,642.86	0.00	4,642.86	0.00
0000099-IN	01/31/19	03/02/19			06	U	11,364.16	11,364.16	0.00	11,364.16	0.00
0000091-INV	10/31/18	11/30/18			06	U	79,412.00	79,412.00	0.00	79,412.00	0.00
0000094-INV	11/30/18	12/30/18			06	U	57,177.87	57,177.87	0.00	57,177.87	0.00
0000089-INV	12/31/18	01/30/19			06	U	1,115,635.94	1,115,635.94	0.00	1,115,635.94	0.00
0000098-INV	01/31/19	03/02/19			06	U	1,151,214.86	1,151,214.86	0.00	1,151,214.86	0.00
0000096-INV	12/31/18	01/30/19			06	U	60,481.00	60,481.00	0.00	60,481.00	0.00
0000105-IN	02/28/19	03/30/19			06	U	1,218,916.45	1,218,916.45	0.00	1,218,916.45	0.00
0000133-IN	11/30/19	12/30/19			06	U	1,127,382.47	1,127,382.47	0.00	1,127,382.47	0.00
0000137-IN	12/31/19	01/30/20			06	U	1,167,799.19	1,167,799.19	0.00	1,167,799.19	0.00
0000139-IN	01/31/20	03/01/20			06	U	1,229,355.07	1,229,355.07	0.00	1,229,355.07	0.00
0000123-IN	07/31/19	08/30/19			06	U	1,209,151.73	1,209,151.73	0.00	1,209,151.73	0.00
0000129-IN	09/30/19	10/30/19			06	U	1,219,821.62	1,219,821.62	0.00	1,219,821.62	0.00
0000313-IN	10/31/19	11/30/19			06	U	1,021,571.93	1,021,571.93	0.00	1,021,571.93	0.00
0000146-IN	02/29/20	03/30/20			06	U	1,169,300.45	1,169,300.45	0.00	1,169,300.45	0.00
0000148-IN	03/31/20	04/30/20			06	U	1,260,246.20	1,260,246.20	0.00	1,260,246.20	0.00
0000126-IN	08/31/19	09/30/19			06	U	1,030,260.31	1,030,260.31	0.00	1,030,260.31	0.00

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0000150-IN	04/30/20	05/30/20			06	U	1,228,710.98	1,228,710.98	0.00	1,228,710.98	0.00
0000153-IN	05/31/20	06/30/20			06	U	1,200,242.28	1,200,242.28	0.00	1,200,242.28	0.00
0000156-IN	06/30/20	07/30/20			06	U	1,216,160.43	1,216,160.43	0.00	1,216,160.43	0.00
0000162-IN	08/31/20	09/30/20			06	U	1,211,431.41	1,211,431.41	0.00	1,211,431.41	0.00
Vendor Total:							32,557,727.01	32,557,727.01	0.00	32,557,727.01	0.00
911258	First Physicians Business Solutions-PHA										
0000073-IN	06/30/20	07/30/20			06	U	1,389,917.86	1,389,917.86	0.00	1,389,917.86	0.00
0000075-IN	07/31/20	08/30/20			06	U	1,553,929.50	1,553,929.50	0.00	1,553,929.50	0.00
0000071-IN	05/31/20	06/30/20			06	U	1,108,155.01	1,108,155.01	0.00	1,108,155.01	0.00
0000052-IN	08/31/19	09/30/19			06	U	1,185,873.01	1,185,873.01	0.00	1,185,873.01	0.00
0000069-IN	04/30/20	05/30/20			06	U	1,708,137.85	1,708,137.85	0.00	1,708,137.85	0.00
0000065-IN	02/29/20	03/30/20			06	U	1,270,947.51	1,270,947.51	0.00	1,270,947.51	0.00
0000067-IN	03/31/20	04/30/20			06	U	1,287,307.66	1,287,307.66	0.00	1,287,307.66	0.00
0000059-IN	11/30/19	12/30/19			06	U	1,156,841.23	1,156,841.23	0.00	1,156,841.23	0.00
0000054-IN	09/30/19	10/30/19			06	U	1,529,662.22	1,529,662.22	0.00	1,529,662.22	0.00
0000056-IN	09/30/19	10/30/19			06	U	-100,000.00	-100,000.00	0.00	-100,000.00	0.00
0000057-IN	10/31/19	11/30/19			06	U	1,746,683.67	1,746,683.67	0.00	1,746,683.67	0.00
0000061-IN	12/31/19	01/30/20			06	U	1,265,491.34	1,265,491.34	0.00	1,265,491.34	0.00
0000063-IN	01/31/20	03/01/20			06	U	1,591,597.78	1,591,597.78	0.00	1,591,597.78	0.00
0000040-IN	02/28/19	03/30/19			06	U	1,056,117.60	1,056,117.60	0.00	1,056,117.60	0.00
0000030-IN	10/31/18	11/30/18			06	U	321,292.34	321,292.34	0.00	321,292.34	0.00
0000031-IN	10/31/18	11/30/18			06	U	974,339.41	974,339.41	0.00	974,339.41	0.00
0000042-IN	03/31/19	04/30/19			06	U	1,067,489.08	1,067,489.08	0.00	1,067,489.08	0.00
0000034-IN	01/31/19	03/02/19			06	U	1,448,418.04	1,448,418.04	0.00	1,448,418.04	0.00
0000033-IN	12/31/18	01/30/19			06	U	1,224,677.22	1,224,677.22	0.00	1,224,677.22	0.00
0000032-IN	11/30/18	12/30/18			06	U	1,017,690.20	1,017,690.20	0.00	1,017,690.20	0.00
0000048-IN	06/30/19	07/30/19			06	U	1,553,487.33	1,553,487.33	0.00	1,553,487.33	0.00
0000050-IN	07/31/19	08/30/19			06	U	1,731,487.91	1,731,487.91	0.00	1,731,487.91	0.00
0000044-IN	04/30/19	05/30/19			06	U	1,817,831.95	1,817,831.95	0.00	1,817,831.95	0.00
0000046-IN	05/31/19	06/30/19			06	U	1,892,149.02	1,892,149.02	0.00	1,892,149.02	0.00
0000029-IN	09/30/18	10/30/18			06	U	659,514.11	659,514.11	0.00	659,514.11	0.00
0000028-IN	09/30/18	10/30/18			06	U	321,292.34	321,292.34	0.00	321,292.34	0.00
0000027-IN	08/31/18	08/31/18			06	U	705,452.87	705,452.87	0.00	705,452.87	0.00
0000023-IN	06/30/18	07/30/18			06	U	530,411.06	530,411.06	0.00	530,411.06	0.00
0000025-IN	07/31/18	08/30/18			06	U	1,056,399.11	1,056,399.11	0.00	1,056,399.11	0.00
0000026-IN	08/23/18	09/22/18			06	U	321,292.34	321,292.34	0.00	321,292.34	0.00
0000024-IN	07/31/18	08/30/18			06	U	321,292.34	321,292.34	0.00	321,292.34	0.00
0000022-IN	06/30/18	07/30/18			06	U	321,292.34	202,473.31	0.00	202,473.31	0.00
0000079-IN	09/30/20	10/30/20			06	U	1,512,708.66	1,512,708.66	0.00	1,512,708.66	0.00
0000077-IN	08/31/20	09/30/20			06	U	1,518,835.58	1,518,835.58	0.00	1,518,835.58	0.00
0000081-IN	10/25/20	11/24/20			06	U	1,515,068.65	1,515,068.65	0.00	1,515,068.65	0.00
0000083-IN	10/25/20	11/24/20			06	U	1,380,575.99	1,380,575.99	0.00	1,380,575.99	0.00
Vendor Total:							40,963,660.13	40,844,841.10	0.00	40,844,841.10	0.00

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911259	First Physicians Services-Anadarko										
0000053-IN	10/25/20	11/24/20			06	U	1,689,683.21	1,689,683.21	0.00	1,689,683.21	0.00
0000051-IN	10/25/20	11/24/20			06	U	1,856,293.53	1,856,293.53	0.00	1,856,293.53	0.00
0000050-IN	09/30/20	10/30/20			06	U	1,847,156.69	1,847,156.69	0.00	1,847,156.69	0.00
0000034-IN	05/31/19	06/30/19			06	U	2,273,523.96	2,273,523.96	0.00	2,273,523.96	0.00
0000033-IN	04/30/19	05/30/19			06	U	2,088,549.05	2,088,549.05	0.00	2,088,549.05	0.00
0000036-IN	07/31/19	08/30/19			06	U	2,074,496.00	2,074,496.00	0.00	2,074,496.00	0.00
0000035-IN	06/30/19	07/30/19			06	U	1,853,987.83	1,853,987.83	0.00	1,853,987.83	0.00
0000028-IN	12/31/18	01/30/19			06	U	1,446,655.90	1,446,655.90	0.00	1,446,655.90	0.00
0000030-IN	01/31/19	03/02/19			06	U	1,692,857.21	1,692,857.21	0.00	1,692,857.21	0.00
0000032-IN	03/31/19	04/30/19			06	U	1,251,930.28	1,251,930.28	0.00	1,251,930.28	0.00
0000027-IN	11/30/18	12/30/18			06	U	1,190,239.15	1,190,239.15	0.00	1,190,239.15	0.00
0000031-IN	02/28/19	03/30/19			06	U	1,237,843.23	1,237,843.23	0.00	1,237,843.23	0.00
0000043-IN	02/29/20	03/30/20			06	U	1,547,661.52	1,547,661.52	0.00	1,547,661.52	0.00
0000041-IN	12/31/19	01/30/20			06	U	1,540,902.40	1,540,902.40	0.00	1,540,902.40	0.00
0000042-IN	01/31/20	03/01/20			06	U	1,913,914.88	1,913,914.88	0.00	1,913,914.88	0.00
0000039-IN	10/31/19	11/30/19			06	U	2,137,006.34	2,137,006.34	0.00	2,137,006.34	0.00
0000040-IN	11/30/19	12/30/19			06	U	1,406,305.99	1,406,305.99	0.00	1,406,305.99	0.00
0000038-IN	09/30/19	10/30/19			06	U	1,824,473.14	1,824,473.14	0.00	1,824,473.14	0.00
0000044-IN	03/31/20	04/30/20			06	U	1,567,928.58	1,567,928.58	0.00	1,567,928.58	0.00
0000037-IN	08/31/19	09/30/19			06	U	1,398,584.99	1,398,584.99	0.00	1,398,584.99	0.00
0000045-IN	04/30/20	05/30/20			06	U	1,996,345.09	1,996,345.09	0.00	1,996,345.09	0.00
0000046-IN	05/31/20	06/30/20			06	U	1,345,993.22	1,345,993.22	0.00	1,345,993.22	0.00
0000047-IN	06/30/20	07/30/20			06	U	1,695,042.72	1,695,042.72	0.00	1,695,042.72	0.00
0000048-IN	07/31/20	08/30/20			06	U	1,898,221.31	1,898,221.31	0.00	1,898,221.31	0.00
0000049-IN	08/31/20	09/30/20			06	U	1,854,746.79	1,854,746.79	0.00	1,854,746.79	0.00
Vendor Total:							42,630,343.01	42,630,343.01	0.00	42,630,343.01	0.00
911263	IPRGS, P.C.										
OCT2020DRTU	10/31/20	10/31/20			06	U	5,645.16	5,645.16	0.00	5,645.16	0.00
Vendor Total:							5,645.16	5,645.16	0.00	5,645.16	0.00
911267	ABBOTT POINT OF CARE										
612849824	10/19/20	11/18/20			06	U	2,919.55	2,919.55	0.00	2,919.55	0.00
Vendor Total:							2,919.55	2,919.55	0.00	2,919.55	0.00
911282	DYNAMIC INFUSION THERAPY,INC										
89241	10/15/20	11/29/20			06	U	1,795.00	1,795.00	0.00	1,795.00	0.00
87281	09/30/20	11/14/20			06	U	1,570.00	1,570.00	0.00	1,570.00	0.00
Vendor Total:							3,365.00	3,365.00	0.00	3,365.00	0.00
911283	THARA DAMODARAN, MD LLC										
SEPT2020DRTHA RA	10/24/20	10/24/20			06	U	1,575.00	1,575.00	0.00	1,575.00	0.00
Vendor Total:							1,575.00	1,575.00	0.00	1,575.00	0.00

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911290	STROUD REGIONAL MEDICAL CENTER										
WF090320	09/03/20	09/03/20			06	U	457.17	457.17	0.00	457.17	0.00
WF-9012020	09/01/20	09/01/20			06	U	159.33	159.33	0.00	159.33	0.00
WF100320	10/03/20	10/03/20			06	U	457.17	457.17	0.00	457.17	0.00
WF-10012020	10/01/20	10/01/20			06	U	159.33	159.33	0.00	159.33	0.00
Vendor Total:							1,233.00	1,233.00	0.00	1,233.00	0.00
911297	Conner & Winters, LLP										
2260347 JWF	07/14/20	07/14/20			06	U	9,539.20	9,539.20	0.00	9,539.20	0.00
2259482 JWF	06/19/20	06/19/20			06	U	359.50	359.50	0.00	359.50	0.00
2256113 JWF	04/13/20	04/13/20			06	U	25,760.28	25,760.28	0.00	25,760.28	0.00
2254627 JWF	03/05/20	03/05/20			06	U	31,106.20	31,106.20	0.00	31,106.20	0.00
Vendor Total:							66,765.18	66,765.18	0.00	66,765.18	0.00
911315	MycroMed LLC										
318	10/12/20	11/11/20			06	U	3,750.00	3,750.00	0.00	3,750.00	0.00
Vendor Total:							3,750.00	3,750.00	0.00	3,750.00	0.00
911392	AT&T #405-247-2845										
10204052472845	10/19/20	10/19/20			06	U	284.30	284.30	0.00	284.30	0.00
Vendor Total:							284.30	284.30	0.00	284.30	0.00
911420	Sysmex America, Inc.										
93428101	10/11/20	11/10/20			06	U	1,210.95	1,210.95	0.00	1,210.95	0.00
Vendor Total:							1,210.95	1,210.95	0.00	1,210.95	0.00
911421	Staples										
3458606764	10/05/20	11/04/20			06	U	45.99	45.99	0.00	45.99	0.00
3458606765	10/05/20	11/04/20			06	U	283.92	283.92	0.00	283.92	0.00
3458606766	10/05/20	11/04/20			06	U	13.78	13.78	0.00	13.78	0.00
3459072599	10/12/20	11/11/20			06	U	5.88	5.88	0.00	5.88	0.00
3459072604	10/12/20	11/11/20			06	U	208.76	208.76	0.00	208.76	0.00
3459072607	10/12/20	11/11/20			06	U	158.76	158.76	0.00	158.76	0.00
Vendor Total:							717.09	717.09	0.00	717.09	0.00
911437	Instrumentation Laboratory										
9110886678	10/13/20	11/12/20			06	U	397.50	397.50	0.00	397.50	0.00
Vendor Total:							397.50	397.50	0.00	397.50	0.00
911438	Sacrix LLC										
SXIN20/0020	09/15/20	10/15/20			06	U	9,000.00	9,000.00	0.00	9,000.00	0.00
SXIN20/0030	10/13/20	11/12/20			06	U	9,000.00	9,000.00	0.00	9,000.00	0.00
Vendor Total:							18,000.00	18,000.00	0.00	18,000.00	0.00
Grand Totals:							117,701,118.99	117,572,811.08	0.00	117,572,811.08	0.00

11/06/20
10:39

The Physicians Hospital Anadarko

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Balance Due Report

Application Code: AP User Login Name: jkohout

Invoice Number	Invoice Date	Due Date	Discount Date	Location Code	Bank Code	Check Type	Original Amount	Current Balance	Discount Amount	Cash Required	Amount to be Paid
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Total Number of Invoices Printed: 806

Vendor: From 110001 to 911438

Location: From to

Due Date: From 10/26/08 to 12/01/20

Central Billing: No Central Billing Vendors

Include Invoice
Description: No

Report Order: Vendor Number Order